

**Indiana FY 2017  
Preventive Health and Health Services  
Block Grant**

**Annual Report**

**Annual Report for Fiscal Year 2017**

**Submitted by: Indiana**

**DUNS: 824799407**

**Governor: Eric J. Holcomb**

**State Health Officer: Dr. Kristina Box**

**Block Grant Coordinator:**

**Katherine Hokanson**

**2 N. Meridian Street**

**Indianapolis IN 46204**

**Phone: 317-234-2865**

**Fax: 317-233-7761**

**Email: [khokanson@isdh.in.gov](mailto:khokanson@isdh.in.gov)**

**Based on Work Plan: IN 2017 V0 R1 Approved 7/10/2017**

**Annual Report Created on: 1/10/2018**

**Annual Report Submitted on: 2/1/2018**

<b>Contents</b>	<b>Page</b>
Executive Summary	3
Chronic Disease, Primary Care and Rural Health	6
HDS-1 Cardiovascular Health	7
Food Protection	16
FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments	16
Injury Prevention Program	19
IVP-4 Child Fatality Review of Child Deaths Due to External Causes	19
IVP-11 Unintentional Injury Deaths	25
Nutrition and Physical Activity	36
NWS-2 Nutritious Foods and Beverages Offered Outside of School Meals	37
PA-3 Adolescent Aerobic Physical Activity and Muscle-Strengthening Activity	40
Public Health Performance Infrastructure	44
PHI-2 Continuing Education of Public Health Personnel	44
PHI-13 Epidemiology Services	49
PHI-15 Health Improvement Plans	60
PHI-16 Public Health Agency Quality Improvement Program	62
PHI-17 Accredited Public Health Agencies	65
Sexual Assault Services (SAS) - Education and Outreach	70
IVP-40 Sexual Violence (Rape Prevention)	70
Tuberculosis (TB) Control Program/Refugee Health	75
IID-31 Treatment for Latent TB	76
Water Fluoridation Program	81
OH-13 Community Water Fluoridation	81

## Executive Summary

- On June 14 2017, the Advisory Committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY2017.
- On June 15 2017, the Public Hearing was convened.
- This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year 2017. It is submitted by the Indiana State Department of Health (ISDH) as the designated state agency for the allocation and administration of PHHSBG funds.
- **Funding Assumptions:** The total award for the FY2017 PHHSBG is \$2,607,316. This amount is based on an allocation table distributed by CDC.
- Funding for FY2017 Sexual Assault-Rape Crisis (HO IPV 40) activities detailed in the Work Plan: \$144,972 of this total is a mandatory allocation to the Indiana Criminal Justice Institute (ICJI) which provides this funding to reduce the prevalence of sexual assault and attempted sexual assault among residents of the State of Indiana, particularly youth through sexual violence outreach and education and direct services. ICJI has released a competitive solicitation for these funds with a targeted focus on statewide impact.
- **Program Title:** Chronic Disease, Primary Care and Rural Health (CDPCRH)
  - 
  - o HDS-1 Cardiovascular Health, \$495,470 of this total will be utilized to reduce the disparities and overall burden of chronic disease in Indiana. The section on Cardiovascular Health and Diabetes within CDPCRH seeks to monitor and reduce cardiovascular health (CVH) and Diabetes (DM) disparities and overall burden in Indiana; the Cancer Section within CDPC seeks to monitor and reduce cancer disparities and overall burden in Indiana; the Chronic Respiratory Disease Section in CDPC seeks to monitor and reduce disparities and overall Indiana burden related to asthma and other chronic respiratory diseases. CDPCRH also seeks to address disparities and overall burden of all chronic disease in Indiana through both organizational and public policy initiatives, health systems strategies to improve clinical care, convening statewide partners to address chronic disease, and statewide health communications.
    - The Indiana Public Health Association (IPHA) will receive \$295,470 to assist CDPCRH with the activities listed above.
    - Crawfordsville Fire Department will receive \$200,000 to assist CDPCRH with the activities listed above.
- **Program Title:** Food Protection Program
  - o FS-6 Food Preparation Practices in Food Service and Retail Establishments, \$136,795 of this total will be utilized to measure and improve the compliance of fast-food and full service restaurants in Indiana with food safety sanitation requirements. Further develop use and import of data into CodePal, the electronic system to capture and evaluate food safety inspection and investigation information. The program will also move towards a new data system vendor (USA Food Safety system by Computer Aid Inc) in 2017.
- **Program Title:** Injury Prevention Program
  - o IVP-11 Unintentional Injury Deaths, \$162,819 of this total will be utilized to continue the process begun in 2011 of developing a comprehensive injury and violence prevention program at the state health

department that provides focus and direction, coordinates and finds common ground among the many prevention partners, and maximizes injury and violence prevention resources. Continue to seek additional injury prevention grant funding and provide evidence-based primary prevention programs in Indiana, specifically related to child passenger safety and older adult falls.

- Wisconsin Institute on Healthy Aging facilitates the evidence-based falls prevention program, Stepping On. They will receive \$2,500 to assist the injury prevention program to complete these activities.
- o IVP-4 Child Fatality Review of Child Deaths Due to External Causes, \$50,000 of this total will be utilized to gain an understanding of the circumstances causing a child's death which will help prevent other deaths, poor health outcomes, and injury or disability in other children.
- A request for proposal will go out for an event planner for \$50,000 to assist the Child Fatality Review Program with these activities.

• **Program Title:** Nutrition and Physical Activity

- o NWS-2 Nutritious Foods and Beverages Offered Outside of School Meals, \$29,278, increase the number of youth and adolescents at a healthy weight by employing a spectrum of evidence based strategies in schools, school districts and out-of-school care.
- o PA-3 Adolescent Aerobic Physical Activity and Muscle-Strengthening Activity, \$29,277, will increase the number of adolescents who meet the recommended level of physical activity per week.

• **Program Title:** Office of Public Health & Performance Management (OPHPM)

- o PHI-2 Continuing Education of Public Health Personnel, \$158,055 of this total will be utilized to increase the workforce development and training opportunities for Public Health workers in Indiana utilizing the Indiana IN-TRAIN web-based training system and other eLearning tools.
- o PHI-13 Epidemiology Services, \$115,424 of this total will be utilized to increase analytical capacity of epidemiologists and data analysts using SAS through a SAS expert and increasing the number of surveys of BRFSS. \$124,000 (Direct Assistance) will also be used to analyze and interpret data to assess the burden of chronic disease, provide information on the distribution and risk factors for chronic diseases necessary for public health program planning and implementation, and assist in evaluating the success of public health programs.
- Clearwater Research, Inc. will receive \$30,000 to supplement the 2017 BRFSS with additional surveys to increase the ISDH's ability to detect changes in trends and to improve the reporting of risk factors and chronic disease prevalence by race/ethnicity and age group.
- o PHI-15 Health Improvement Plans, \$164,046 of this total will be utilized to continue to increase the capacity for local health departments and nonprofit hospitals to conduct community health assessments and improvement plans by improving access to county level secondary data to all 92 counties in Indiana through the Indiana Indicators data dashboard website and by hiring staff to provide technical assistance.
- Indiana Business Research Center will receive \$15,000 to assist the OPHPM program with these activities.
- o PHI-16 Public Health Agency Quality Improvement Program, \$177,802 of this total will be utilized to enhance the capability of Indiana health departments in the area of agency performance management and quality improvement utilizing Lean principles through a contract with Purdue Healthcare Providers and by building capacity among ISDH staff to conduct quality improvement work throughout the agency. OPHPM will track pertinent metrics for the agency is assist programs in monitoring performance measures.
- Purdue Healthcare Advisors will receive \$28,000 to assist OPHPM with these activities.
- OPHPM will contract with a performance management vendor that has yet to be determined for \$5,000 to help with these activities.
- o PHI-17 Accredited Public Health Agency, \$200,522 of this total will be utilized to author the State Health Assessment, State Health Improvement Plan, and other required plans to achieve public health

accreditation; ensuring all required documentation and policies are gathered to support all Public Health Advisory Board standards and measures; provide technical assistance to local health departments interested in pursuing public health accreditation.

- Public Health Advisory Board will receive \$56,000 to pay for required accreditation fees.

- **Program Title:** TB/Refugee Control Program

- o IID-31 Treatment for Latent TB Infection (LTBI), \$131,394 of this total will be utilized to increase the number of LTBI cases reported as well as increasing the percentage of contacts to sputum smear-positive tuberculosis cases that complete treatment after being diagnosed with latent tuberculosis infection and initiated treatment.

- **Program Title:** Water Fluoridation Program

- o OH-13 Community Water Fluoridation, \$241,228 of this total will be utilized to monitor fluoridation equipment and fluoride levels in drinking water in communities and schools on a regular basis.
- Administrative costs: associated with the Preventive Health block Grant total \$246,234 which is 10% of the grant. These costs include funding for the Office of Contracts and Grants Management at ISDH.
- The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention objectives in Healthy People 2020.

## **State Program Title: Chronic Disease, Primary Care and Rural Health**

### **State Program Strategy:**

**Goal:** Between October 2017 and September 2018, the Indiana State Department of Health (ISDH) - Division of Chronic Disease, Primary Care, and Rural Health (CDPCRH) seeks to reduce the disparities and overall burden of chronic disease in Indiana, and improve the quality of life of those individuals affected by chronic diseases. The Section on Cardiovascular Health and Diabetes within CDPCRH seeks to monitor and improve cardiovascular health (CVH) and Diabetes (DM) outcomes, and implement effective strategies for prevention; the Cancer Section within CDPCRH seeks to monitor and reduce cancer disparities and overall burden in Indiana, and improve prevention and screening behaviors; the Chronic Respiratory Disease Section seeks to monitor and reduce disparities and overall burden related to asthma and other chronic respiratory diseases. The CDPCRH also seeks to address disparities and overall burden of chronic diseases in Indiana through both organizational policies, health systems strategies to improve clinical care, convening of statewide partners to address chronic disease, and statewide health communications. Targets in burden reduction include increasing the percentage of individuals in targeted settings with their asthma, diabetes and hypertension under control to decrease morbidity and mortality associated with these conditions. Efforts to increase primary screenings for breast, cervical and colorectal cancers should reduce colorectal and cervical cancer incidence and mortality associated with these cancers. Additionally, clinical quality improvement activity will serve to reduce dependence on emergency department care for individuals with ambulatory sensitive conditions, specifically asthma, diabetes and hypertension.

#### **Program Priorities:**

- Improve surveillance, analysis, and communication of CVH, DM, Cancer, and Asthma indicators and risk factors in Indiana
- Lead coordinated statewide efforts to improve CVH, DM, Cancer, and Asthma outcomes.
- Advance evidence-based public health strategies to improve the chronic disease burden in community settings through systems-level change, policy, and health communications.

#### **Primary Strategic Partnership(s):**

- **Internal:** Division of Nutrition and Physical Activity and Tobacco Prevention and Cessation
- **External:** Indiana Minority Health Coalition, Indiana Cardiovascular Health and Diabetes Coalition, Indiana Cancer Consortium, Indiana Joint Asthma Coalition, American Heart Association, Indiana Institute on Disability and Community, American Diabetes Association, American Cancer Society, American Lung Association, Indiana Public Health Association, Indiana Primary Health Care Association, and Indiana Rural Health Association.

**Role of PHHSBG Funds:** Strengthen state ability to provide statewide data surveillance and analysis related to chronic disease; support strategies to prevent and control high blood pressure and diabetes; convene statewide organizational partners in order to develop collaborative systems and policy initiatives to improve the state's chronic disease burden; assess initiatives related to non-provider health professionals and their role in addressing chronic disease in Indiana; support implementation and evaluation of strategies to address disease prevention and control, medication therapy management, health systems quality improvement, and complex care management; and ensure evaluation methodology utilized by chronic disease public health staff address cost effectiveness of initiatives.

**Evaluation Methodology:** CDPCRH follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease public health programs. Annual evaluation plans are utilized to monitor processes and impact of division and section initiatives. Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners. These evaluation methods will be operationalized in the following manner:

10 1. Address health disparities and improve outcomes by preparing workforce: Evaluation will occur via process and health indicator reporting, in-person learning sessions, process mapping and key-informant interviews. Outcomes and economic data will be collected and assessed. Projects involving complex care management, medication therapy management and non-provider community based interventions, including the use of non-traditional workforce members such as paramedics are being conducted as pilots

so evaluation will focus on identifying best-practices, determining generalizability and portability of processes, and on developing an evaluation protocol for post-pilot implementation, spread and sustainability. Additionally, web-analytics will be used to assess convenience and effectiveness of internet-based resources and learning platforms.

10 2. Analytic capacity development and expansion: Evaluation will focus on measuring improvements in staff analytic skills, technical capacity and productivity. CDPCRH will work with internal partners (Maternal and Child Health, Tobacco Prevention and Cessation, Women, Infants and Children, and the Epidemiology Resource Center) to develop assessment instruments informed by Council of State and Territorial Epidemiologists and CDC competency standards. Findings will be reported to agency leadership with review by partners with the capacity to support ongoing staff development. Feedback processes will be put in place to act on the findings and further advance staff development. FTE supported through this objective will participate in agency performance evaluation processes.

10 3. Convene and mobilize state-level stakeholders to address critical health burdens related to chronic disease: Evaluation will be tailored for each stakeholder group and will address process and outcome assessment, as well as effectiveness of partnerships. The division will conduct surveys and key informant interviews with stakeholder organizations to assess reach, scope and effectiveness of activity.

Stakeholder activity will be linked to, and performance measures will be based on, HP2020 strategies and objectives. Success stories will be tracked for each organization represented. Monthly conference calls, quarterly progress reports and formal evaluation summaries will facilitate oversight of the respective groups.

## **National Health Objective: HDS-1 Cardiovascular Health**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, reduce hospitalizations and emergency room admissions and increase self-management and prevention of cardiovascular disease, diabetes, asthma, and cancer and chronic obstructive pulmonary disease (COPD) by mobilizing statewide chronic disease partners, including subject matter coalitions and a 7-county hospital system. Five coalitions will develop and update plans to address Indiana's chronic disease burden and a hospital system will design and implement a training program for paramedics and emergency services personnel to serve nursing home and home-bound individuals with chronic diseases in non-emergent settings.

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

For the period, outcome data for Indiana's PHHSBG will be available at the hospital level after project completion. The current state of the targeted outcome discussion follows. People with chronic illness are at greater risk for potentially preventable hospitalizations than people without chronic illness. Ambulatory sensitive admissions in Indiana in 2001 were 86.5 per 1,000 and 63.2 in 2015 for Medicare Beneficiaries which would capture the population with the highest incidence of chronic diseases including diabetes and cardiovascular disease. In 2013, there were 31,307 emergency room visits and 7,200 hospitalizations with asthma listed as the primary diagnosis and children accounted for 37% of emergency room visits and 22.6% of hospitalizations (ISDH DAT, 2014. Indiana Hospital Discharge Data Files, 2013). Hospital emergency room visits per 1,000 in Indiana has trended upward from 1999 (357) through 2014 (494) (<http://kff.org/other/state-indicator/emergency-room-visits-by-ownership/#graph>).

The Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>) have all pursued statewide planning for the individual disease states with CADI and the ICC completing the process for which plan publication is pending Indiana administrative approval. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual

disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health, which hosted community conversations in several communities culminating in a summit that revealed the findings. All coalitions meet regularly and represent hundreds of public and private health serving agencies and individuals. The Healthy Weight Initiative (<http://www.indianaobesity.org/>) has also been active and has restructured its organizational approach to include collective impact organizations with common agendas, shared measurement systems, mutually reinforcing activities, continuous communication with the Healthy Weight Initiative acting as the backbone organization.

#### **Reasons for Success or Barriers/Challenges to Success**

All supported chronic disease coalitions have hired coordinators and have completed statewide disease specific plans in consultation with community representatives and industry experts. The policy, systems and environmental changes resulting from their work do not have a measure standardized beyond health outcomes for which data is delayed beyond the project end date. However, process measures such as regular meetings, increased membership participation, and coalition staffing can represent incremental success expected to result in demonstrable improved chronic disease outcomes for the state. Capturing the success of gathering community input is a challenge. While documenting stakeholder interests to capture all concerns sometimes has the effect of broadening objectives so that it is difficult to ascertain actionable items. The community paramedicine project is continuing to work with participating entities to standardize data collection.

The success of community paramedicine (CP) is in the provision of services which are being delivered and are well received. The challenge is in collecting data to reflect its success. The interest level of local governments and providers in the outcome of the pilot project; establishing a training regimen and selecting participants for the program continues.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The strategy for collective impact across coalitions is to create an overarching chronic disease plan that unifies measures.

#### **Leveraged Block Grant Dollars**

Yes

#### **Description of How Block Grant Dollars Were Leveraged**

PHHSBG dollars have leveraged state tobacco settlement funds that are being used to support quality improvement models for addressing care at the population level in community health centers and hospitals for patients with chronic diseases, including diabetes, hypertension, asthma, and associated risk factors.

### **OBJECTIVES – ANNUAL ACTIVITIES**

#### **Impact/Process Objective 1:**

##### **Advanced workforce development (ES8)**

Between 10/2016 and 09/2017, Crawfordsville Fire Department will analyze 1 set of data from home visits provided by fire department paramedics.

#### **Impact/Process Objective Status**

Exceeded

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Crawfordsville Fire Department analyzed 2 set of data from home visits provided by fire department paramedics.

#### **Reasons for Success or Barriers/Challenges to Success**

Though data have been received, it does not reflect the measures needed for measuring program success.



### **Strategies to Achieve Success or Overcome Barriers/Challenges**

At this time ImageTrend software has been fully implemented throughout the entire Fire department. Data has been provided regarding MIH/CP visits on the approved metrics as well as fall data from the 911 side.

After looking at the data we are able to collect, it has been determined that clinical measure collection must occur over time in order to have value for the managing primary care physician. This will be a problem because a three month enrollment period has been established for CP patients. Measures other than clinical measures are being considered. We understand the value of reduced re-admissions as a measure sought by hospitals, but this is a one-sided and not systemic value. We are working with Indiana University researchers to help us develop meaningful measures that will help reflect program success.

#### **Activity 1:**

##### **Community paramedicine protocol and evaluation platform**

Between 10/2016 and 09/2017, CDPCRH will work with community based emergency medical service organizations to create protocols, establish best practices, and develop evaluation processes for community paramedicine activity. Community paramedicine will capitalize on the healthcare capacity of paramedics and EMTs during non-emergent periods to maximize the reach of clinical practices and support self-management behaviors and serve as health coaches and physician extenders for targeted panels of patients to improve blood-sugar management in diabetics, improve compliance in hypertensive individuals, support pre-natal care, mitigate fall risk in seniors, and reduce re-admission for conditions such as congestive heart failure (CHF) and chronic obstructive pulmonary disease (COPD).

#### **Activity Status**

Completed

#### **Activity Outcome**

The CDPCRH's work with Parkview Health Systems have led to other organizations including municipal units of government to make use of their ready workforces to improve health outcomes and reduce hospitalizations in their communities. As a result, the Crawfordsville Fire Department has developed a community paramedicine (CP) program. Data from both systems will provide a basis for comparison between a public service and hospital based approach to CP. In both models home visitation and hospital decrease in readmission is the aim with hospitals reaping the financial benefit through deferred readmission penalties. In addition, the CDPCRH-collected information through the Rural Health Innovation Consortium regarding CP programs – perceptions, activities, roles, scope of practice, legal implications, medical oversight and direction in order to establish a context for this project.

### **Reasons for Success or Barriers/Challenges to Success**

A barrier to statewide utility of a model rests in the organization pursuing CP. Different local considerations of what entity should own a service should drive the planning and implementation of a CP program in order to have broad applicability. The Parkview model represents a hospital owned system that does not require collaboration outside its network, making training, data collection and exchange less problematic than for systems that may be municipally owned, and not contained within a hospital network.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The need for a non-hospital system model inspired a state-funded companion project with the City of Crawfordsville Fire Department in which St. Elizabeth Hospital will participate, but will not own the operation.

#### **Activity 2:**

##### **Community Paramedicine Summit**

Between 10/2016 and 09/2017, hold a paramedicine summit for interested entities including hospitals, fire departments, and local health departments. The summit will be supported by Wabash College located in Crawfordsville, Indiana. The global health department at Wabash will facilitate summit planning, logistics and evaluation.

## **Activity Status**

Completed

### **Activity Outcome**

Sponsored by the CDPCR Division, the Wabash Democracy & Public Discourse (WDPD) initiative hosted a deliberative conversation at the inaugural Indiana Community Paramedicine Summit on October 12, 2017. The day-long summit consisted of expert panels, guest speakers, and information sessions.

WDPD worked in tandem with the Crawfordsville EMS Chief and the Crawfordsville Community Paramedicine Program as well as the summit coordinator to prepare materials for the event. As part of the event preparation process, researchers from WDPD conducted a series of focus groups to learn about different aspects of community paramedicine in Indiana. The sessions included EMS chiefs, community paramedics, county health officials, state health department officials, hospital officials, and government leaders. Based on WDPD's research and feedback from these focus group interviews, we formatted our conversation around six key aspects of community paramedicine. Those aspects were: Data Collection, Funding, Community Needs Assessment, Education/Training, Community Partnerships, and Community Outreach. More than 85 stakeholders in community health throughout Indiana participated in the conversation. To begin the event, attendees split into seven groups in an effort to diversify the perspectives each person provided with his or her background knowledge. Democracy Fellows opened the event by introducing WDPD, providing background on the conversation, and introducing the practice of deliberative conversation. To aid in the conversation, each attendee received a participation guide that outlined the plan and purpose of each part of the conversation. Participants were encouraged to follow along with their guide, take notes, and make additions where they saw fit. The goal of Part 1 of the conversation was to place each of the six aspects of Community Paramedicine in one of three categories: Standard, Community Specific, or Elements of Both. Each group facilitator guided participants through the six of the aspects and placed each aspect in the category the group saw most fit. Following Part 1, each group's facilitator reported out to rest of the attendees on where each aspect was placed and why. Part 2 of the conversation was a detail-oriented discussion on the Possible Actions, Benefits, and Drawbacks of each aspect being placed in its respective category. The goal of each group was to think critically about the ramifications of each aspect's placement, which caused some groups to reconsider where the aspects were placed. The result of part 2 was a detailed exchange of ideas from community health stakeholders relating to each aspect. To conclude the conversation, conference attendees reconvened for a presentation from WDPD facilitators on initial findings from the conversation.

### **Reasons for Success or Barriers/Challenges to Success**

With the local college as a lead in developing the summit, a foundation for future study was put into place. Further, the students who participated and their advisers wish to continue to support the CP effort with no cost research and manpower. Some control over the structure and organization was delegated by the CDPCR Division which deterred the hoped-for focus of the event in minor ways. The summit concluded with no consensus about data collection, however community level concerns and capabilities will help in developing a future data collection strategy.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The summit underscored the need for a single point of leadership. The CDPCR Division will structure a collaborative similar to the one in place for the agency's collaborative approach to reducing the infant mortality rate. This strategy has been shared and affirmed with leadership and external partners including the Quality Improvement Organization for Indiana.

### **Impact/Process Objective 2:**

#### **Chronic Disease Coalitions (ES4)**

Between 10/2016 and 09/2017, the Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCR will provide technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 5 groups of community-level

stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

#### **Impact/Process Objective Status**

Exceeded

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, the Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRH provided technical assistance (in the form of communication support, community-clinical linkages, data systems, economic analysis, evaluation, geospatial analysis and statistical analysis) to develop and implement strategic health improvement plans based on current disease burden and evidence-based practices to 200 groups of community-level stakeholders capable of influencing prevention, management and palliation associated with chronic diseases including asthma, cancer, cardiovascular disease and diabetes, and obesity, and populations experiencing health inequities.

#### **Reasons for Success or Barriers/Challenges to Success**

The Cardiovascular and Diabetes Coalition of Indiana, Indiana Cancer Consortium, Indiana Healthy Weight Initiative, Indiana Joint Asthma Coalition, and the Task Force on Disability and Health with the oversight of CDPCRH exceeded the level of expected community participation due to taking regional approaches in holding listening tours, by using virtual workgroups, and by regularly reporting progress back to stakeholders. Barriers to success included the length of time necessary to ensure all geographies and areas of interest are uniformly represented in the process. Steering committees for all the groups were able to mesh their professional aims with time spent in helping the planning process. This helped address the time challenge.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Communities that plan together are more able to pool resources for collective impact. In the case of chronic disease, professional organizations and funding sources unintentionally create competition for resources and visibility. Recognizing this, the Indiana Chronic Disease Coalitions have used strategies to attempt shared agendas and partnerships that will lead to action. For instance, the Cardiovascular and Diabetes Coalition of Indiana (CADI) combines cardiovascular health planning with diabetes planning in addition to teaming up with the Indiana Healthy Weight Initiative for regional meetings designed to support local energy and initiatives. Another strategy designed to accommodate communication and coordination is the comprehensive chronic disease planning effort that will index and relate all plan goals, objectives, and activities.

#### **Activity 1:**

##### **Provide technical assistance to statewide chronic disease stakeholders to improve disease outcomes**

Between 10/2016 and 09/2017, CDPCRH will convene and support community-based coalitions to provide technical assistance to 5 community-level stakeholder groups including those for cancer, asthma, obesity, cardiovascular health and diabetes, and disabilities. CDPCRH will work closely with statewide and community-based partners to ensure that strategic plans and activities are informed by scientific research, current surveillance evidence and represent best- or evidence-based practices; maximize the resources available to the coalition for purposes of coordination, communication, and effective work; and address long-term spread and sustainability of effective chronic disease partnerships. CDPCRH will provide technical assistance to the coalition partners in the areas of evidence-based public health programming, organizational policy to address the chronic disease burden in Indiana and health systems initiatives to improve chronic disease outcomes. Additional technical assistance related to data and surveillance, evaluation and geospatial analysis will be provided to coalitions.

#### **Activity Status**

Completed

### **Activity Outcome**

For the period, the Cardiovascular and Diabetes Coalition of Indiana (CADI), completed its planning process, engaging over 800 stakeholders during the reporting period. The plan and process can be accessed here: [Better Together Plan](#). The Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>) have begun statewide planning. The Cardiovascular cohort of the CADI represents the first plan of its kind for Indiana. Complementing planning for individual disease states, the CDPCRH launched a chronic disease planning effort that will index and relate all plan goals, objectives, and activities. The Healthy Weight Initiative held 6 regional meetings in which 190 people participated in order to implement planning strategies (<http://www.indianaobesity.org/engagement/>). We continue our membership and provide staff time to Indiana Institute on Disability and Community, which includes the Governor's Council for People with Disabilities, and Indiana Disability Rights and makes up Indiana's developmental disabilities triad that works to promote partnerships with state governments, local communities, and the private sector to assist people with disabilities to reach their maximum potential. ISDH is providing diabetes, cardiovascular, asthma, cancer and community health system epidemiologists as needed for coalition support.

Sometimes the ISDH staff led data subcommittees as well as supporting the overall coalition with webinars, guest expert speakers, and regular one-on-one meetings with coordinators and members.

### **Reasons for Success or Barriers/Challenges to Success**

ISDH has developed productive relationships with academics and practitioners in the field of chronic disease and has been able to broker these relationships to benefit supported coalitions. In addition, ISDH is fortunate to have epidemiologists on staff.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Few barriers beyond keeping talented staff employed. Strategies to enrich staff experience by providing peer support and engaging staff in activities they find fulfilling is one way to job satisfaction. Staff members have been successful with using planning experiences for posters and presentations that have been accepted by professional organizations sponsoring conferences.

### **Activity 2:**

#### **Evaluation of progress associated w/ chronic disease strategic plans in asthma, cancer & obesity**

Between 10/2016 and 09/2017, CDPCRH will provide technical assistance to 5 community partnerships to support their capacity to assess statewide progress associated with their respective disease state strategic plans, including the development of a summary report on current health status for these disease areas or special populations (disabled) impacted by these diseases, a communications platform for the information resulting from the evaluation, and strategies to further progress towards achieving long-term strategic objectives. Specific topics to be addressed include asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14) and heart disease (HP2020 HDS-7,-12,-24).

### **Activity Status**

Completed

### **Activity Outcome**

A statewide chronic disease plan process has progressed through Phase 2 of the outline below. The Indiana Public Health Association, Chronic Disease Coalition coordinators, and representatives from CDPCRH were, assisted by a Purdue University co-chair for plan design, coordinator hiring, and convening of a Chronic Disease Advisory Group which has met twice during the reporting period. Plan website: <http://inpha.org/indiana-chronic-disease-plan/>

Phase 1 – Foundation Building

1. Research & Plan Development
2. Chronic Disease Plan Guidance
3. Analysis of State Chronic Disease Plans in other states
4. Analysis Needs Assessments (Coalitions & Hospitals)
5. Informational Interviews with Key Stakeholders

6. Role for academia defined

Phase 2 – Finalize & Identify Priorities for Social Marketing & Outreach

1. Implementation & Strategic Realignment

Phase 3 – Launch Social Marketing & Outreach

1. Social Marketing, Education & Outreach Campaign

2. Technical Assistance & Capacity Building to Local Public Health

3. Creation & Distribution of Health Education Tools & Promotional Items

4. Public Health, health care professionals, providers

5. Lay Persons

6. Policy Makers Education & Outreach

7. Public Health Policy Leadership Development

8. Capacity Building, Seed Grants

9. Phase 4 – Assessment & Evaluation

10. Values & Expectations to Incorporate

11. IPHA coordination that includes ISDH partnership

12. Meaningful public involvement

13. Community input, non-traditional partners

14. Easily read & understood by public

15. Relevance for elected, business & civic leadership re: policy direction

More than cross-walk of existing plans

1. Process that identifies issues and strategies across or without respect to disease areas

2. Key/strategic issues rise to the top

3. Coordinated action recommendations that break out of silos

4. Reconvene and utilize Chronic Disease Advisory Group (CDAG)

5. Interest groups & partners outside of Chronic Disease Coalitions

Process & Architecture

1. Statewide multi-faceted data gathering built on coalitions

2. Goal, Objectives & Strategies

3. Include strategic action recommendations for public involvement arranged by:

Disease areas/ Critical nodes

- Types of interventions

- Combination of areas, nodes or types of interventions

The policy, systems and environmental changes resulting from their work do not have measures standardized beyond health outcomes for which data is delayed beyond the project end date. However, process measures such as regular meetings, increased membership participation, and coalition staffing can represent incremental success expected to result in demonstrable improved chronic disease outcomes for the state.

### **Reasons for Success or Barriers/Challenges to Success**

Indiana has never had a statewide chronic disease plan partly due to a reticence of disease-specific coalition leaders to over-tax volunteers and professional members with additional meetings. The issue of diluting support, both for monetary and human resources, was also a fear.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The strategy for overcoming the over-taxing support and diluting resources is for coalition coordinators to use segments of their members as reviewers and advisors only a few times during the statewide planning process. Because all coalitions are currently writing new or updating existing disease specific plans, the coordinators will be able to discern and address common goals, objectives and activities that can be elevated in a general chronic disease plan. This plan will serve as a keystone for driving action for collective impact.

### **Activity 3:**

#### **Strategic Planning**

Between 10/2016 and 09/2017, CDPCRH will work with 5 coalitions of statewide community organizations to publish or update strategic health improvement plans associated with asthma (HP2020 RD-2,-3,-7), cancer (HP2020 C-9,-10,-11,-15,-16,-17,-18), diabetes (HP2020 D-5,-6,-7,-9,-10,-11,-14 )

and heart disease (HP2020 HDS-7,-12,-24), as well as special populations impacted by these conditions (disabilities). Included in this activity will be comprehensive surveillance, communication, and evaluation activity, with special focus on public access dashboards such as Indiana Indicators.

**Activity Status**

Completed

**Activity Outcome**

To enable plan publication and updates CDPCRH provided data and staff time to the Cardiovascular and Diabetes Coalition of Indiana (CADI), the Indiana Cancer Consortium (ICC) (<http://indianacancer.org/>), the Healthy Weight Initiative (<http://www.inhealthyweight.org/215.htm>) and the Indiana Joint Asthma Coalition (INJAC) (<http://injac.org/>). The CDPCRH also supported a comprehensive chronic disease planning effort that will index and relate all plan goals, objectives, and activities. Work continues with the Task force on Disability and Health (<https://www.iidc.indiana.edu/>). In-kind contribution of time from the CDPCRH director, 3 program directors, 3 epidemiologists and 3 evaluators who attended meetings, produced and reviewed materials contributed to this activity completion.

**Reasons for Success or Barriers/Challenges to Success**

Assisting coalitions benefits state chronic disease efforts by ensuring community voice is present and recognized, by ensuring solutions emanate from localities, and by complementing other state and federal programming. Loss of momentum and volunteer burn-out challenges continued success.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Launching the CADI publication at an event in which the Health Commissioner participated was a strategy to help plan participants feel valued and encouraged to continue with implementing planning components.

## **State Program Title: Food Protection**

### **State Program Strategy:**

**Goal:** Between October 2017 and September 2018, the Indiana State Department of Health Food Protection Program (FPP) will have recently completed the retirement of its CodePal system and the adoption of USA Food Safety. CodePal is a software application that captures food inspection and investigation data electronically, but was obsolete and lacked vendor support. The new USA Food Safety system is designed to improve business process, reporting capabilities, Geographic Information System (GIS) and mobile capabilities, and addressing current system data sync issues. After going live with USA Food safety in July, 2017, Indiana's goal during the grant period is to address any production issues that may result from the transition to the new software. Going forward, Indiana would like to expand the use of the web services module within USA Food Safety. Web services would allow larger submitters to exchange data with Indiana much more efficiently, and would allow the electronic submission of inspection information, food establishment and demographics, violations, and complaints by submitters, as well as the transmission of laboratory test results back to the submitters electronically. Though some submitters are committed to begin the use of USA Food Safety starting in July, others will come onboard at various times during the grant year. Indiana's goal is to migrate as many submitters as possible away from the current paper-based submission process and the obsolete CodePal System. Only about eight counties are currently using CodePal. A successful transition of submitters across Indiana to USA Food Safety will require that the FPP conduct training sessions and support the new users as they adjust to the new processes. The FPP also anticipates that considerable resources will be dedicated to the installation of USA Food Safety on user computers, and walking these users through the process of data synchronization with the central server.

**Program Priorities:** The Senior Level Application System Analyst/Developer will work with local health departments and other interested submitters to set up web Services data links. Educational sessions will be held to explain the benefits for a submitter considering moving to the new system, and user training will be provided. The developer will assist the helpdesk in providing user support for non-routine issues, as well as overflow support when the regular help desk is unavailable. The developer will serve as the main technical contact with ComputerAid Inc, the USA Food Safety vendor.

#### **Primary Strategic Partnerships(s):**

##### **• Internal:**

- ISDH's Food Protection Program
- ISDH's Office of Technology & Compliance
- Indiana Office of Technology

##### **• External:**

- Indiana local health departments and universities.
- ComputerAid Inc.

**Evaluation Methodology:** Included in the ISDH strategic plan, strategic priorities include decreasing disease incidence and burden; improving response and preparedness networks and capabilities; better use of information and data from electronic sources to develop and sponsor outcomes-driven programs; and improving relationships and partnerships with key stakeholders, coalitions, and networks throughout the State and the nation. The development of a state-wide database of food inspection and investigation data will aid in addressing these priorities, and progress is tracked in program standards and cooperative agreement progress reports. These reports include specific objectives related to the functionality and growth of the system.

#### **Work Plan – Goals/Mile Stones Activities for Year 2017 – 2018**

- Phase 1 - August 2017 – November 2017.
  - Stabilization period: Resolve any production issues with new users on USA Food Safety.
  - Begin testing of web services for submitters, and prepare for rollout.
- and
- Phase 2 – November 2017 – July 2018.
  - Training sessions for users who did not go live during the initial transition
  - Ongoing user support
  - Roll out of web services module for data submission and results reporting

**National Health Objective: FS-6 Safe Food Preparation Practices in Food Service and Retail Establishments**

**State Health Objective(s):**

Between 10/2016 and 09/2017, measure and improve the compliance of fast-food and full service restaurants in Indiana with food safety sanitation requirements. Further develop use and import of data into an electronic system to capture and evaluate food safety inspection and investigation information.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

The ISDH Food Protection Program transitioned all users of the CodePal Food inspection system to the new USA Food Safety system. ISDH is optimistic about the foundation being established and future benefits from having the data in the new electronic format. The new system has created an Electronic Data link between the Food Protection Program and ISDH Laboratory, resulting in reduced data entry and improved data collection. Although additional local health department organizations need to be added to USA Food Safety for their direct input or import of data in order to build a statewide database, the system has been established to measure and improve the compliance of Indiana food establishments with food safety sanitation requirements.

**Reasons for Success or Barriers/Challenges to Success**

One significant barrier was that, in contrast to the former system, ISDH was totally reliant on the vendor for system modifications. Implementing modifications was further complicated because of certain State of Indiana computer security policies. Both factors made the project less straightforward, and required creative thinking to solve problems as they arose.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The transition to the new system was a team effort that involved multiple parties: ISDH Food Protection Program, Indiana Office of Technology (IOT), ISDH Office of Technology and Compliance, the ISDH Laboratory, and Computer Aid Inc (CAI). Grant-funded data architect Fiyaz Ahmed was instrumental in extracting legacy data from CodePal, and participating in multiple rounds of installation and troubleshooting with IOT and CAI.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

During this period, grant-funded contractor, Fiyaz Ahmed, worked with software vendor Computer Aid Inc. as well as with other Indiana employees on the implementation of the USA Food Safety system. As data architect, Fiyaz's effort focused on extraction of data from the old CodePal System, and transformation of that data into a form compatible with USA Food Safety.

**OBJECTIVES – ANNUAL ACTIVITIES**

**Impact/Process Objective 1:**

**USA Food Safety in Indiana, Stabilization and Expansion**

Between 10/2016 and 09/2017, Senior Level Application System Analyst/Developer will maintain 1 new data system. Some of the important activities are data conversion, transition of current system users to new system, bring new users on board, and to develop standardized templates for those jurisdictions that are utilizing another application to accept their food inspection data electronically through web services to import data into the new system on scheduled basis. As time permits, this position will also support users in their installation and use of this inspection software.



**Impact/Process Objective Status**

Not Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Senior Level Application System Analyst/Developer maintained 1 new data system. Some of the important activities are data conversion, transition of current system users to new system, bring new users on board, and to develop standardized templates for those jurisdictions that are utilizing another application to accept their food inspection data electronically through web services to import data into the new system on scheduled basis. As time permits, this position will also support users in their installation and use of this inspection software.

**Reasons for Success or Barriers/Challenges to Success**

The conversion to USA Food Safety was a project that involved more active participants than past Food IT projects. Also, tight computer security rules required some deviation from the vendor's typical installation procedure.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

More coordination among the parties was necessary to address the challenges. This took the form of regular meetings, and screen sharing sessions to troubleshoot installation issues and system bugs.

**Activity 1:****Stabilization of USA Food Safety in Indiana**

Between 10/2016 and 09/2017,

- Phase 1 - August 2017 – November 2017
  - Stabilization period: Resolve any production issues with new users on USA Food Safety
  - Begin testing of web services for submitters, and prepare for rollout and

**Activity Status**

Completed

**Activity Outcome**

Indiana's Food Protection Program completed the installation of USAFoodSafety in July 2017, including the migration of submitter and inspection data from the old system, CodePal. At this point, Indiana was technically live with the new system, but multiple technical challenges existed that prevented the smooth functioning of the system and its expansion to additional counties. Contractor, Fiyaz Ahmed, worked with Computer Aid Inc. to resolve data migration issues and reporting problems. By the end of the Phase 1 period, while the system was not perfect, all major elements were usable, and users were able to perform and log inspections as well as they could in the old system.

**Reasons for Success or Barriers/Challenges to Success**

The major challenge to stabilization was coordinating with the vendor and the state IT department. State computer security policies made some troubleshooting work time consuming.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

By the beginning of the Phase 1 period, the contractor had acquired a deep knowledge of the state's food data. Knowledge of this system acquired during the installation period helped Indiana to work with the vendor to diagnose and troubleshoot remaining problems.

**Activity 2:****Expansion of USA Food Safety in Indiana**

Between 10/2016 and 09/2017,

- Phase 2 – November 2017 – July 2018
  - Training sessions for users who did not go live during the initial transition

- Ongoing user support
- Roll out of web services module for data submission and results reporting

### **Activity Status**

Not Completed

### **Activity Outcome**

With the help of contractor Fiyaz Ahmed, Indiana is laying the foundation for the expansion of the USA Food safety system to multiple additional counties across the state. Several counties have already expressed interest. As of January 2018, usability of the system has increased greatly, and the errors are much rarer than at the beginning of the stabilization period. Indiana is working with Computer Aid Inc. to set up accounts for the new counties. Once these accounts are set up, the next step will be providing training sessions to new users.

Along with the traditional web-based interface which is already live, Indiana is working on rolling out a web service. The web service will be an alternate means of communicating with the state that we'll appeal to larger organizations that have existing IT infrastructure and would prefer to have their existing systems communicate directly with USA Food Safety.

### **Reasons for Success or Barriers/Challenges to Success**

Computer Aid Inc. moves more slowly than we would like, and the process to set up each new organization is cumbersome.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH adapted to the new environment by maintaining an issues log and holding the vendor accountable for each reported issue.

## **State Program Title: Injury Prevention Program**

### **State Program Strategy:**

**Goal:** Between October 2017 and September 2018, continue developing an Injury Prevention Program for the State of Indiana that will ultimately lead to a reduction in the number of preventable injuries and deaths.

**Program Priorities:** The Indiana State Department of Health (ISDH) has continued to develop an organized Injury Prevention Program. The agency has maintained an injury epidemiologist to conduct injury surveillance, prepare epidemiologic reports related to injury and serve as a subject matter expert of injury incidence and risk factors. The ISDH will continue to prioritize the efforts needed to more fully develop an Injury Prevention Program for its citizens.

#### **Primary Strategic Partners:**

##### **Internal:**

Child Fatality Review Epidemiology Resource Center  
Indiana Violent Death Reporting System Program Maternal and Child Health  
Office of Women's Health Trauma Program  
Vital Records

##### **External:**

Attorney General's Prescription Drug Abuse Prevention Task Force Bi-weekly Health User Group GIS  
CDC Injury Center

##### **Coroners**

Great Lakes and Mid-Atlantic Regional Network Indiana Criminal Justice Institute

Indiana Department of Homeland Security Midwest Injury Prevention Alliance

Indiana Hospital Association Indiana Poison Control

Indiana State Trauma Care Committee Indiana Trauma Network

Safe Kids Safe States Alliance

Senator Head's Substance Abuse and Child Safety Task Force Indiana Injury Prevention Advisory Council

State and Local Child Fatality Review Teams State Epidemiology Outcomes Workgroup

**Evaluation Methodology:** The development of a core Injury Prevention Program that will ultimately lead to acquisition of data, analysis, and development of appropriate activities.

The Indiana Child Fatality Review (CFR) Program will monitor the success of the projects activities by:

- The number of trainings held, as well as the number of individuals trained.
- The percentage of teams receiving technical assistance regarding mortality/morbidity data and guidance on injury prevention programs/activities.
- The percentage of teams receiving assistance funding implementation of evidence-based injury prevention programs/activities.
- The number of teams receiving Indiana-specific CFR program manuals.
- The percentage of fatality cases with improved timeliness of identification to local teams.

The ultimate measure of the success of this program will be in a decrease in the number of preventable child deaths in Indiana. However, this will be long-term trend data and might not reflect within the 12-month grant period described here.

## **National Health Objective: IVP-4 Child Fatality Review of Child Deaths Due to External Causes**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, prevent an increase in death and hospitalization of children due to external causes through implementing best-practices needed to meet the National Center for the Review and Prevention of Child Deaths (NCRPCD) data quality standards which include reporting of timely and complete review, data entry, and quality assurance procedures so Child Fatality Review (CFR) data may be included in pediatric injury prevention and improved health outcomes.

**State Health Objective Status**

Met

**State Health Objective Outcome**

A retrospective review of a case sampling was conducted by the Indiana Statewide Child Fatality Review Committee (State Team), in order to establish current practices in data entry for CFR teams.

Approximately 130 cases were reviewed and analyzed for errors, incompleteness and utility in injury prevention efforts. A total of 105 cases were completely reviewed and analyzed, the number of Sudden Unexpected Infant Deaths (SUIDs) discovered through a thorough records review, and following the CDC SUID Case Registry Algorithm.

**Reasons for Success or Barriers/Challenges to Success**

Data and records collection was, at times, difficult and, as the team meets once per month, progress was limited to that meeting schedule. The State Team and CFR staff have conducted a thorough epidemiologic analysis of review results and reporting procedures. This information will be presented as the State Team's annual report to the local CFR teams and stakeholders, as well as serve as the framework for the training necessary to improve data quality standards and improving data collection during death scene investigation.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Collaborations were established with agencies investigating pediatric injury and death and those agencies providing case data for the State Team review. Discussions have also begun with the National Center for Fatality Review and Prevention to help conduct training with local teams to improve data quality and timeliness. The trainings were originally scheduled to be held in August 2017, but due to leadership changes at the National Center, were postponed until October. At that time, the National Center was yet unprepared to assist fully in the trainings and these have been further postponed to early 2018.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

PHHS Block Grant dollars have been leveraged to pay for train-the-trainer prevention programs on such topics as infant safe sleep and ATV safety. The remaining allocated PHHS Block Grant dollars will be utilized to provide training and resources to local teams on data quality improvement and evidence based practices.

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Improve pediatric injury prevention programs and resources at the local level**

Between 10/2016 and 09/2017, CFR program staff will provide assistance in implementing community level, evidence-based injury prevention programs and resources to 5% of local CFR teams.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, CFR program staff provided assistance in implementing community level, evidence-based injury prevention programs and resources to 34% of local CFR teams.

**Reasons for Success or Barriers/Challenges to Success**

Funding and resources have been provided to Child Fatality Review (CFR) teams to implement specific prevention programming on infant safe sleep education, ATV safety, bicycle safety, and child passenger safety in their communities. Further, guidance and assistance have been provided to multiple CFR teams and local agencies in case review and determination of appropriate prevention programs. Additional funding was provided to assist a school-based bleeding/mass casualty preparedness program.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The only barrier is the local CFR teams' awareness of the assistance we can provide and ability to submit proposals for funding. Attendance at local team meetings, when appropriate, was utilized to improve communication, as well as discussion about the purpose of CFR in the state to other community stakeholders. A listserve and email distribution list were set up to aid in the dissemination of timely funding opportunities and injury prevention resources.

**Activity 1:****Pediatric injury mortality and morbidity data**

Between 10/2016 and 09/2017, provide statewide, regional and county specific, pediatric injury mortality and morbidity data to 100% of local teams.

**Activity Status**

Completed

**Activity Outcome**

Epidemiologists from Trauma and Injury Prevention and Maternal Child Health (MCH) completed their data analysis and reporting, Child Fatality Review (CFR) staff gathered these resources for dissemination to 100% of local CFR teams. Through email, attendance at local CFR team meetings and program presentations to the public, this data was shared. Local CFR team leaders also often request epidemiological data specific to their region. This information was prepared on an as-needed basis. A formal distribution of complete statewide pediatric injury mortality and morbidity data will be presented to all teams during the data quality training in 2018.

**Reasons for Success or Barriers/Challenges to Success**

Collaboration with other ISDH divisions have aided in the success of providing pediatric injury mortality and morbidity data to local CFR teams in a format that is easy to analyze and understand. Fact sheets or special emphasis reports designed for dissemination to the public have been well-received by the local teams and external stakeholders.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Collaboration and leveraging resources has been a strategy the CFR program has implemented to help achieve success in reaching outcomes.

**Activity 2:****Technical Assistance**

Between 10/2016 and 09/2017, provide technical assistance to 5% of teams to help analyze data, identify injury cause, mechanism trends and determine evidence-based injury prevention programs, activities and resources to address these issues.

**Activity Status**

Completed

**Activity Outcome**

Technical assistance was provided to 34% of the local teams. This was done through attendance at local Child Fatality Review (CFR) team meetings, trainings and collaboration with other ISDH divisions. Trainings on pediatric injury mortality and morbidity data and injury prevention programs for infant safe sleep, child passenger safety, bicycle safety, ATV safety and mass casualty events preparedness were provided to local teams and team members.

**Reasons for Success or Barriers/Challenges to Success**

Success in providing the trainings and technical assistance to local teams/team members was based on providing the trainings and assistance at the community level. While providing the trainings and assistance at the local level was successful, it involved a great deal of time and planning on the part of CFR staff. The challenge of reaching the teams in their own communities was well worth the staff time

utilized.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

CFR staff worked with the local teams and stakeholders to help provide the locations for trainings and assist with outreach.

### **Activity 3:**

#### **Funding evidence-based injury prevention**

Between 10/2016 and 09/2017, provide funding to 5% of local teams and assist with the implementation of evidence-based injury prevention programs, activities and resources.

#### **Activity Status**

Completed

#### **Activity Outcome**

Funding for ATV safety programming has been provided to 34% of the local CFR teams.

### **Reasons for Success or Barriers/Challenges to Success**

Providing the training at the local level, and partnering with external stakeholders helped CFR staff exceed their goal to provide training on evidence-based programs.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Communication with local CFR team chairs was crucial in making them aware of the funding and resources CFR staff can provide. Each chair was responsible for offering the opportunity to their team members and requesting guidance from CFR staff in submitting grant proposals.

### **Activity 4:**

#### **State Training**

Between 10/2016 and 09/2017, provide a statewide training for members of the local fatality review teams and member agencies. Develop a plan to record, publish and archive the statewide training for reference by local teams and use by future child fatality review members. Develop a plan for collecting data from participants to determine success of the training and assess gaps in the training that will be addressed in future educational events.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

N/A

### **Reasons for Success or Barriers/Challenges to Success**

Discussions were held with the National Center for Fatality Review and Prevention to help conduct training with local teams to improve data quality and timeliness. The trainings were originally scheduled to be held in August 2017, but due to leadership changes at the National Center, were postponed until October. At that time, the National Center was yet unprepared to assist fully in the trainings and these have been further postponed to early 2018.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

CFR staff worked with the local teams and stakeholders to help provide the locations for trainings and assist with outreach. In the interim, local team members are being offered brief individual training sessions by CFR staff.

### **Impact/Process Objective 2:**

**Train local child fatality review teams to improve the number and quality of cases reported entered**

Between 10/2016 and 09/2017, CFR teams will increase the number of reports entered into the NCRPCD case reporting system (CRS) from 100 to 130.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, CFR teams increased the number of reports entered into the NCRPCD case reporting system (CRS) from 100 to 130.

**Reasons for Success or Barriers/Challenges to Success**

Data quality was analyzed through a retrospective review of cases. This process was partially contingent on results of this analysis.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Results of the retrospective case review, study results will be used to guide training and inform best-practice for data entry. Attendance at local Child Fatality Review (CFR) team meetings has improved awareness of and efforts to improve data quality.

**Activity 1:**

**Regional trainings**

Between 10/2016 and 09/2017, CFR program staff will provide regional trainings to 80% of local teams in appropriate data collection and data entry into the Child Death Review (CDR) database.

**Activity Status**

Not Completed

**Activity Outcome**

Preliminary conversations with the National Center for Fatality Review and Prevention (NCFRP) have been conducted, but the training date has not yet been determined.

**Reasons for Success or Barriers/Challenges to Success**

Discussions were held with the NCFRP to help conduct training with local teams to improve data quality and timeliness. The trainings were originally scheduled to be held in August 2017, but due to leadership changes at the NCFRP, were postponed until October. At that time, the NCFRP was yet unprepared to assist fully in the trainings and these have been further postponed to early 2018.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A data quality report was completed to provide to local teams to serve as a baseline for data quality improvement. The NCFRP also provided a data quality report that was shared with the local teams.

**Activity 2:**

**Indiana Child Fatality Review Program Guide**

Between 10/2016 and 09/2017, based on information, suggestions and requests from local teams at the regional trainings, CFR program staff will author a program manual for Child Fatality Review (including data entry) for the state of Indiana.

**Activity Status**

Not Completed

**Activity Outcome**

Resources from other Child Fatality Review (CFR) teams across the country have been gathered, in order to assist in generating appropriate and useful materials for local CFR teams. An outline and authoring of materials has begun.

**Reasons for Success or Barriers/Challenges to Success**

CFR staff spent more time providing injury prevention programs, trainings and resources and this did not leave time to complete the development of the program manual. Information from the team trainings that have been postponed was also going to help guide development of the manual.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Collaboration with national CFR experts, as well as requesting assistance from other states' programs has been invaluable in establishing content for Indiana's CFR manual.

### **Activity 3:**

#### **Collaboration with DCS**

Between 10/2016 and 09/2017, CFR program staff will collaborate with Department of Child Services (DCS) to improve timeliness of 80% of DCS fatality cases to be identified by local teams within 30 days of date of death.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

Collaboration has been successful with regard to some DCS cases. DCS has agreed to provide cases to CFR staff, but discussions with DCS legal staff are ongoing. DCS will provide approved/finalized reports, but are unsure if they can provide information prior to approval. While the discussions are ongoing, and reports have been received, CFR staff are unable to meet the 30 day identification deadline due to the ongoing discussion with DCS legal.

#### **Reasons for Success or Barriers/Challenges to Success**

DCS is willing to collaborate and has provided official/final reports, but a barrier to meeting the identification deadline has been stalled with their legal staff.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

CFR staff will continue to schedule meetings with DCS Field Operations staff and legal department to finalize the process of timely case identification.

### **Activity 4:**

#### **Data report cards to local teams**

Between 10/2016 and 09/2017, CFR program staff will analyze 100% of pediatric vital records death data to inform quality improvement of data at the local level and produce a data report to teams that outline number of cases entered into the NCRPCD CRS, updates, areas for improvement, etc.--a data report card to improve the quality of data reported to the Child Death Review database. This report card process will then continue to be used on a quarterly basis after the grant period has ended.

#### **Activity Status**

Completed

#### **Activity Outcome**

Case initiation and data entry in the NCFRP-CRS was compared to the number of cases present in ISDH Vital Records data and examined for completeness. The number of cases that should have been entered into the NCRPCD-CRS, based on vital records data was reported to the teams and compared with number of those cases that the CFR teams entered into the CRS. The data report card also included the number of cases with unknown or missing key variables. The data report cards will be disseminated prior to the data quality training to the local teams.

#### **Reasons for Success or Barriers/Challenges to Success**

This activity is complete. Success was based on the availability of epidemiological support from ISDH.



**Strategies to Achieve Success or Overcome Barriers/Challenges**

CFR staff have completed the data report cards that will be disseminated prior to the data quality training to the local teams.

**National Health Objective: IVP-11 Unintentional Injury Deaths****State Health Objective(s):**

Between 10/2016 and 09/2017, the Division of Trauma and Injury Prevention will work towards reducing the number of unintentional injury deaths in Indiana by 10% through the continued development of a comprehensive injury and violence prevention program at the state health department. The program will provide prevention partners focus and direction from the state to maximize injury and violence prevention resources.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

r medical care, delivery of antiths increased by 8.85% from 2015 to 2016 (4,744 to 5,164). Due to this increase, [the\[HP1\]](#) Division has continued to develop a comprehensive injury and violence prevention program to maximize injury and violence prevention resources. The Division finalized the state plan for injury and trauma prevention in early 2017, and continues to update and distribute statewide injury and violence prevention resources. The Division continues to provide partners with focus and direction to maximize resources, including directing the Indiana Injury Prevention Advisory Council and other work groups.

---

<a href="#">[HP1]</a> Year	<u>Inj Deaths</u>
2015	4744
2016	5164

% Change = +8.85%

**Reasons for Success or Barriers/Challenges to Success**

Due to the opioid epidemic, the number of injury deaths are increasing, even though progress has been made in reducing motor vehicle collision deaths. The full time Injury Prevention Epidemiologist Consultant and Injury Prevention Program Coordinator have made it possible for the division to analyze injury data and implement programs to direct, promote, and focus injury prevention efforts. The epidemiologist analyzes injury data to give the division the ability to focus on data informed result and informed decision-making. The Injury Prevention Program Coordinator focuses on maximizing injury and violence prevention resources statewide. Part of the state plan addresses how to organize and utilize the Injury Prevention Advisory Council to move forward. The injury director continues to manage the National Violent Death Reporting System program and Prescription Drug Overdose Prevention for States program which brings additional grant funding to the division.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Division completed several reports, including the special emphasis reports and updated the Preventing Injuries in Indiana: A Resource Guide. The Division continues to share data with partners for feedback. The division continues to host quarterly meetings for the Indiana Injury Prevention Advisory Council with injury experts who can advise our divisions on future goals and objectives. The division hosted the second annual injury prevention conference and is planning the third annual event.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

The Division's Injury Prevention Epidemiologist led the division's efforts to apply for additional federal grants to build the injury and violence prevention infrastructure of the division. Her efforts resulted in two successful grant applications: the National Violent Death Reporting System program and Prescription Drug Overdose Prevention for States program.

The Division's Injury Prevention Program Coordinator has worked to develop relationships with the Maternal Child Health division to expand the agency's Safety Shower program to three new counties. He also worked closely with the Automotive Safety Program and Indiana Criminal Justice Institute to expand the state's work around child passenger safety (CPS). He expanded the Booster Bash program, which are events designed to educate families about the importance of ensuring children ages 4-8 years old are riding in booster seats. He expanded the permanent fitting station program, ran by ICJI, to include new locations around the state. He established the CPS technician scholarship program to increase the number of technicians in the state. He expanded the utilization of the Stopping Elderly Accidents Deaths and Incidents (STEADI) toolkit to include fire departments and first responders.

With the increased capacity of the injury prevention program, the Division was able to participate in the Minority Health Fair and Latino Expo events by having a booth and educating families about CPS. These are health fairs targeted towards minority populations.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **Injury Prevention Primary Programming**

Between 10/2016 and 09/2017, Injury Prevention Program Coordinator will implement **2** primary prevention programs in the state of Indiana focusing on older adult falls and child passenger safety.

#### **Impact/Process Objective Status**

Exceeded

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Injury Prevention Program Coordinator implemented **3** primary prevention programs in the state of Indiana focusing on older adult falls and child passenger safety.

#### **Reasons for Success or Barriers/Challenges to Success**

The full time Injury Prevention Program Coordinator was successful in attaining accreditation to become a certified trainer of the Stepping On program. This certification allowed the program coordinator to successfully implement Stepping On within several partners. In conjunction, the Injury Prevention Program Coordinator continued to develop the STEADI and Booster Bash programs. The Success of these programs is attributed to collaboration with Indiana Trauma Centers, EMS, Indiana Fire Department, the Indiana Department of Criminal Justice, the Indiana Injury Prevention Advisory Council, and our many community partnerships. At this time, the barriers impeding this objective is largely time based.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The strategic plan for success is to continue developing this interventions by holding community events and networking to enroll new partners. Moving forward, the coordinator will continue working with current community and healthcare partners to identify challenges and strategies towards improving current programs.

### **Activity 1:**

#### **Injury Prevention Primary Programming - Master Trainer status**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will achieve "Master Trainer" status in a variety of evidence-based prevention programs to reduce injury in Indiana's leading causes of injury by attending master trainer education events in areas focused on older adult falls and child passenger safety.

In order to become a certified child passenger safety technician instructor, one must:

- Become a certified technician and maintain your certification throughout your instructor candidacy
- Gain experience in the CPS field
- Gather the required information for the [Application for Instructor Candidacy](#)
- Participate in a Certification Course as a course assistant
- Register by paying the instructor candidate [application fee](#) after being a CPS technician for at least six months. At this time you also should contact a certified instructor to discuss who your mentor will be and which class you will participate in as part of your instructor candidacy.
- Submit the [Application for Instructor Candidacy](#) to Safe Kids at least six weeks prior to the registered course that you wish to participate in as an instructor candidate.
- Once you are approved as an instructor candidate, work with your mentor and lead instructor to prepare to teach.
- Teach a Certification Course within one year of being approved as an instructor candidate.
- The lead instructor and your mentor will determine if you have passed or failed instructor candidacy and will send Safe Kids your score along with the [Instructor Candidate Evaluation](#). Upon successful completion of instructor candidacy, your status will change to Certified Instructor.
- Continue working to improve your technical and teaching skills, fulfill your obligations as an instructor, and eventually, consider becoming a lead instructor or a mentor.

In order to become a leader in the "Stepping On" Falls Prevention Program, one must:

- Attend an annual, 3-day leader workshop.
- Coordinate peer leaders in their community (adults older than 60).
- Facilitate the seven *Stepping On* workshop sessions.
- Recruit participants.
- Arrange, reserve and set up the room and equipment for the workshop sessions.
- Prepare materials needed for the sessions.
- Invite the guest experts.
- Prepare and send out the materials needed by the guest experts.
- Create the display.

Once the injury prevention program coordinator is a Stepping On leader, he will explore the possibility of the Indiana State Department of Health becoming a Sponsoring Organization: one that supports and works with *Stepping On* Leaders and other partner organizations to ensure that workshops can take place in Indiana. The injury prevention program coordinator will also explore the requirements of becoming a Master Leader after becoming a Leader.

### **Activity Status**

Not Completed

### **Activity Outcome**

The Injury Prevention Program Coordinator was successful in attaining certification as an instructor for Stepping On. This accreditation allows for the implementation of the Stepping On program. At this time, the coordinator continues to seek the ascertainment of the "Master Trainer" certification for the Stepping On and Child Passenger Safety (CPS). Upon completion, the project coordinator is given authority to train and certify individuals as Stepping On and CPS Technicians instructors. Currently, the coordinator is in the final stages of this activity and targets to complete this objective in the coming year.

### **Reasons for Success or Barriers/Challenges to Success**

Thus far, temporal constraints remain the largest barrier of success. The limited accessibility of online and in-person teaching opportunities provided by Stepping On and CPS technician vendors has been cumbersome. Additionally, the necessary travel for in-person courses have hindered the pace of accreditation for the Injury Prevention Project Coordinator.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The plan is to continue inspecting car seats for community events as well as learning about child passenger safety/older adult falls. Moving forward, the coordinator will continue working with partners to

identify challenges and strategies towards the successful implementation of interventions.

As of November 2016 the Injury Prevention Program Coordinator has completed the course assistantship and is in the process of applying to become a CPS technician instructor. There is a plan to complete the additional steps to become a full CPS technician instructor in the spring of 2018. A “mentor” has already accepted him in order to complete his application status to become a CPS technician instructor.

The incumbent will become a Stepping On leader in order to implement programs statewide. Although one workshop has been completed already, he must lead another workshop as well as take the *Stepping On* Master Training webinar to become a full Master Trainer. This is planned to complete the requirements in the spring of 2018.

#### **Activity 2:**

##### **Injury Prevention Primary Programming - Technical Assistance**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will work with the injury prevention coordinators around Indiana by providing technical assistance on their various projects and activities for the priority injury topics. The Injury Prevention Program Coordinator will work with community partners to implement and disseminate the CDC STEADI toolkit for falls prevention among older adults.

#### **Activity Status**

Completed

#### **Activity Outcome**

The Injury Prevention Program Coordinator has been able to network with fellow certified child passenger safety technicians in order to continuously learn and provide technical assistance to local programs. The coordinator provided assistance in various community-based events, such as the performance of technician appointments for local child passenger safety inspection stations. The coordinator continues to network to identify potential organization partners to enroll in the STEADI program.

#### **Reasons for Success or Barriers/Challenges to Success**

The Injury Prevention Program Coordinator attributes the success of this objective to the many community partners and members of Emergency Medical Services, local health departments, and Trauma Centers that aided in the implementation of the STEADI initiative.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

In addition to identifying new partners, the Injury Prevention Program Coordinator seeks to increase the number of on-site training seminars and offer more webinars to train teams who are farther away. Further, the Division aims to increase membership of the Injury Prevention Advisory Council (IPAC), which provides individuals with further resources and information regarding the STEADI program.

#### **Activity 3:**

##### **Injury Prevention Primary Programming - Collaboration**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will participate in coalitions and work groups to help foster collaboration at the local level with the statewide goals and initiatives in injury prevention, including IN Falls Prevention Coalition and the Injury Prevention Advisory Council.

#### **Activity Status**

Completed

#### **Activity Outcome**

The Injury Prevention Program Coordinator has networked with local hospitals to increase the awareness and activities related to injury prevention. In addition, the coordinator has also been providing assistance in local car seat inspection stations by conducting car seat inspections at the community level. The Prevention Program Coordinator is also part of the Indiana Falls Prevention Coalition, which is currently working to develop partnerships in each community in order to promote fall prevention. Developing

relationships with other organizations who are working on similar injury prevention areas has been the priority and it is currently an ongoing goal.

The Injury Prevention Coordinator has also worked to expand the partnerships with the Injury Prevention Advisory Council (IPAC) by surveying members to identify popular focus topics to cover in future meetings. In addition, the Injury Prevention Coordinator has sought to improve quality and communication by partaking in Q-Source events and emphasizing intra-departmental communications.

#### **Reasons for Success or Barriers/Challenges to Success**

The Injury Prevention Program Coordinator participated in multiple work groups, including the Indiana Lifelong Coalition, Safe Kids/Automotive Safety Program Advisory Board, Midwest Injury Prevention Alliance, Safe States Alliance, and the Indiana Injury Prevention Advisory Council in order to advance the Division's reach for attaining goals and launching initiatives. These organizations are the avenue for the Division to support statewide injury prevention program coordinators and organizations delivery falls prevention and child passenger safety programs.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The biggest barrier has been for the new Injury Prevention Program Coordinator to make connections within each county in order to prevent injury accidents from occurring. Although it has been a barrier, joining statewide groups (such as the Indiana Fall Prevention Coalition & Safe Kids/Automotive Safety Program Board) has helped lower the barrier. The strategies are continuing to develop connections and relationships within counties and regions in Indiana.

#### **Activity 4:**

##### **Injury Prevention Primary Programming - Continuing Education**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator and Injury Prevention Epidemiologist Consultant will attend conferences such as Safe States as a representative of Indiana. Attending these continuing education events will give the coordinator the opportunity to bring back findings to the local coalitions and work groups that can be implemented at the local level.

#### **Activity Status**

Completed

#### **Activity Outcome**

The Injury Prevention Program Coordinator and Epidemiologist were able to attend numerous conferences as representatives for Indiana. Through these experiences, the staff have been able to network with fellow child passenger safety technicians and injury prevention coordinators to be able to provide technical assistance to local Indiana programs. The staff attended the Midwest Injury Prevention Alliance annual conference, Safe States Alliance annual meeting, and other state-based trainings and meetings.

#### **Reasons for Success or Barriers/Challenges to Success**

The trainings have allowed staff to become certified in child passenger safety and network to learn about ongoing activities and best practices in the field. The trainings also allow for staff to become subject matter experts. Additionally, success can be attributed to cross-state collaboration and networking conducted by staff.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The block grant has been able to support the staff position as well as training and educational opportunities to represent Indiana at national and local conferences. Without this funding, the staff would not be able to obtain this continuing education.

#### **Activity 5:**

##### **Injury Prevention Primary Programming - Social Media Outreach**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will increase social media activities via Twitter and Facebook by creating actionable content that can be utilized at the local level by

coalitions and work groups

#### **Activity Status**

Completed

#### **Activity Outcome**

Twitter is being utilized for the purpose of health communication and outreach. Tweets are being sent out daily to raise awareness around injury prevention, events in the community, and state-wide programs to assist in preventing injuries. We prepare weekly tweets (approximately 15) for review by the Office of Public Affairs. We utilize Hootsuite to load posts ahead of time. Additionally, we assign program staff to manage Twitter and monitor platform metrics on a weekly basis.

Using a third party vendor, software has been written for the development of a phone application for the iOS and Android platforms. This application will house updated trauma and injury data for the state of Indiana.

#### **Reasons for Success or Barriers/Challenges to Success**

The biggest barrier is gaining more followers on Twitter and engaging with those that we have.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

In order to engage with our followers and gain more followers, we continue to mention our Twitter account at all educational events and meetings, and also add information on reports, handouts and brochures. We have increased our daily scheduled tweets to 25, which has shown a higher presence and interactions with others on social media.

#### **Activity 6:**

##### **Injury Prevention Primary Programming - Health Communications**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will create communications working to update our website, distribute and share information with partners, grantees and the CDC.

#### **Activity Status**

Completed

#### **Activity Outcome**

The Division maintains several health communication channels, including a website, twitter account, newsletters, and GovDelivery digital communication system. The Division's twitter account is separate from the main ISDH account, bi-monthly Trauma Times newsletter to trauma stakeholders, and formal ISDH press releases. In addition, the DTIP uses GovDelivery Digital Communication System to send email messages with bulletin detail reports to measure the impact of the digital communication. Through these channels, the Injury Prevention Epidemiologist and Injury Prevention Program Coordinator develops and delivers public health education to trauma stakeholders, grantees, partners, and the general public.

#### **Reasons for Success or Barriers/Challenges to Success**

The Injury Prevention Program Coordinator has a background in health education and policy, so he is equipped to effectively communicate health messages. The Office of Public Affairs also assists the Division in sending out Division communication through formal agency press releases, social media, and newsletters.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Division maintains diverse platforms for health communication to ensure that the messages are captured by a variety of populations and stakeholders. The division develops some of its own Indiana-specific messages that are consistent with national organizations to ensure it is applicable to the desired audience. The Division also relies upon partners to share their communications through reading and forwarding electronic communications.

**Activity 7:****Injury Prevention Primary Programming - Reporting**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will help in the writing of any CDC-required report.

**Activity Status**

Completed

**Activity Outcome**

The Injury Prevention Program Coordinator and Epidemiologist worked with the Division Director to develop injury prevention reports, including CDC-required reports. The staff also worked to prepare materials to disseminate to stakeholders and the general public related to injury prevention activities and general safety messaging.

**Reasons for Success or Barriers/Challenges to Success**

The Injury Prevention Epidemiologist has experience with writing reports and completing requirements by the CDC.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The block grant has been able to support the program staff to be able to complete reports and required documents. Without this funding the Division may have had difficulty completing grant requirements and report development.

**Activity 8:****Injury Prevention Primary Programming - Grant Activities**

Between 10/2016 and 09/2017, the Injury Prevention Program Coordinator will identify injury prevention grants and lead application process.

**Activity Status**

Completed

**Activity Outcome**

The Injury Prevention Epidemiologist and program staff applied for several grants. However, the Division received awards for the CDC Prescription Drug Overdose Prevention for States grant and supplemental application and has been able to conduct those grant activities. Grants have also been received for the National Violent Death Reporting System (NVDRS); Enhanced State Surveillance of Opioids; and First Responder Comprehensive Addiction and Recovery Act (FR-CARA). The Division is also pursuing funds for child passenger safety activities through the MCH Title V grant and through the Healthy Hoosier Foundation, a non-profit that provides funding for programs at the ISDH.

**Reasons for Success or Barriers/Challenges to Success**

The Division is gaining momentum to be successful in applying for diverse funding opportunities. The Injury Prevention program staff have been able to utilize partners through the Injury Prevention Advisory Council, Child Safety Collaborative Innovation and Improvement Network (CS ColIN), and other work groups.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Division is working closely with partners and the ISDH Office of Grants Management to coordinate existing grant activities and also identify grant partners outside and inside of ISDH. The Division is also documenting Division activities and building infrastructure to be more competitive for future grants.

**Impact/Process Objective 2:****Injury Prevention Resource Guide**

Between 10/2016 and 09/2017, ISDH and the Injury Prevention Advisory Council (IPAC) will distribute the ISDH Injury Prevention Resource Guide to 250 injury prevention workers, specialists, health care

workers, Indiana IPAC, Indiana Department of Child Services, and emergency departments in Indiana. The resource guide will be expanded to include other priority topics.

#### **Impact/Process Objective Status**

Exceeded

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, ISDH and the Injury Prevention Advisory Council (IPAC) distributed the ISDH Injury Prevention Resource Guide to 400 injury prevention workers, specialists, health care workers, Indiana IPAC, Indiana Department of Child Services, and emergency departments in Indiana. The resource guide will be expanded to include other priority topics.

#### **Reasons for Success or Barriers/Challenges to Success**

The Division worked to widely publicize the Resource Guide, and the injury prevention worker, specialists, and others have been open to receiving the guide and using the information. Additionally, the Division worked with a third party vendor to develop a mobile application to enhance the accessibility and reach of the Resource Guide.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Resource Guide can be daunting for some users because they do not see themselves in an injury prevention role. To overcome this, we are working to share the role that all stakeholders play and invite them to use the Resource Guide. The Guide has been publicized on several communication channels as well.

#### **Activity 1:**

##### **Conducting Injury Surveillance**

Between 10/2016 and 09/2017, the State will conduct injury surveillance by expanding its data collection systems to include: Emergency Medical Services (EMS) (includes collecting naloxone/narcan use), hospitals, INVDRS and rehabilitation facility databases. The injury prevention epidemiologist will provide analysis for motor vehicle injuries, fall-related injury data in collaboration with other State agencies, intentional injury data collected in the Indiana Violent Death Reporting System (INVDRS) database, collecting naloxone/narcan use and traumatic injuries, and analyzing poisoning and overdose data.

#### **Activity Status**

Completed

#### **Activity Outcome**

Injury surveillance was expanded through additional collection systems including the Overdose Prevention Therapy-Indiana (OptIN) registry, hospital discharge, rehabilitation and trauma data, and the Indiana Violent Death Reporting System (INVDRS) registry. The program staff compiled data into various reports that were share with injury prevention partners and public focusing on our top injury prevention priorities. The Division secured additional funding from the CDC to collect drug overdose information through the INVDRS registry, which is new to this funding cycle.

#### **Reasons for Success or Barriers/Challenges to Success**

The staff dedicated to analyzing and interpreting data allowed the Division to complete reports and disseminate injury data for the purposes of informing injury prevention efforts. This staff analyzes injury data to give the Division the ability to focus on data informed decision-making. The INVDRS project is funded through CDC National Violent Death Reporting System and staff work closely with the injury prevention Epidemiologist to conduct additional violence death surveillance.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The Division is funded by the block grant to ensure staff can conduct injury surveillance. Additionally, the Division has participated in the CS CoIIN, which has allowed for additional data collection efforts for child passenger safety and interpersonal violence among children.



**Activity 2:****Maintain Partnerships in Support of Injury Prevention**

Between 10/2016 and 09/2017, maintain partnerships with local community coalitions or organizations to promote safety, injury prevention, or violence prevention to develop injury prevention plan. The Indiana Injury Prevention Advisory Council's goal is to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The goal is through improved collection and dissemination of data and coordination of injury prevention and control efforts, the Indiana State Department of Health will reduce injury-related morbidity and mortality in Indiana.

**Activity Status**

Completed

**Activity Outcome**

Accompanied by the Indiana Prevention Advisory Council (IPAC), the division finalized the state plan for injury prevention earlier this year. The Division has relied upon partnerships with local community coalitions or organizations to promote injury and violence prevention, including the IPAC as the main partnership to reduce the number and severity of preventable injuries in Indiana through leadership and advocacy. The Indiana IPAC hosted four meetings during the funding year, including the second annual conference to improve collection and dissemination of data and coordinate injury prevention efforts.

**Reasons for Success or Barriers/Challenges to Success**

The Indiana Injury Prevention Advisory Council (IPAC) is made up of approximately 75 individuals who are dedicated to injury prevention promotion in the state of Indiana. This council meets quarterly and contributed to the state injury plan. The injury prevention staff currently chair the council and participate in other councils and coalitions, including: Indiana Safe Kids Advisory Board/ Automotive Safety Program, Indiana State Epidemiology Outcomes Workgroup, the Great Lakes and Mid-Atlantic Regional Network, and the Midwest Injury Prevention Alliance. Additionally, the ISDH participated in the Child Safety Collaborative Innovation and Improvement Network (CS CollIN) on the topics of motor vehicle collisions and interpersonal violence. This opportunity has allowed for greater partnership developments. After surveying council members, staff has decided to implement topic themed meetings. In order to engage experts and target speakers, the broad focus that to target experts

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The CS CollIN has been one strategy to overcome the barriers of meeting new partners and developing partnerships. Additionally, the well-established IPAC has allowed for open collaboration to coordinate injury prevention and control efforts statewide. Offering more survey to cater to IPAC's needs and improve quality of meetings has been extremely helpful. Offering more tele-conferencing and webinar options have been effective as well.

**Activity 3:****Yielding injury surveillance data**

Between 10/2016 and 09/2017, the injury surveillance will yield data which we will use to drive the 5-year Injury Prevention Plan, communicate with injury prevention professionals and the general public through the development and publication of fact sheets regarding specific types of injuries, and be reported on the Trauma and Injury Prevention website of the ISDH and publish epidemiological reports related to injury such as: a tri-annual report on injuries in Indiana, an annual Fireworks Injuries report, trauma data accuracy report, etc.

**Activity Status**

Completed

**Activity Outcome**

We continue to expand our data collection to include motor vehicle injuries, trauma data, rehabilitation data, and fatal and nonfatal injuries. We also collect fireworks injury reports for a legislatively mandated annual report. We have found and utilized other valuable data to compile various reports that we share with injury prevention partners and the public through fact sheets and reports. We complete monthly and

quarterly trauma reports, an annual fireworks report, an Injury Prevention Resource Guide, and several epidemiological reports related to injury to drive the development of the injury prevention plan.

#### **Reasons for Success or Barriers/Challenges to Success**

The variety of data sources available require full time staff to analyze and interpret their meaning. The block grant has allowed for full time staff to give the Division the ability to focus on data informed results to inform decision-making

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Dedicated funds to collecting and analyzing injury data is imperative for the Division. The block grant continues to fund software and staff to be able to achieve our injury surveillance goals. Without this data and without the manpower to analyze, evaluate, and mine new data and analyze it, we would not be able to create the high quality reports and share the volume of information we currently are.

#### **Activity 4:**

##### **Improving Coroner Data Collection**

Between 10/2016 and 09/2017, provide training and resources to county coroner offices to improve coroner data collection. Training includes education on the Indiana Violent Death Reporting System data system. Resources may include kits to improve samplings collected by coroners.

#### **Activity Status**

Completed

#### **Activity Outcome**

In May 2017, the Indiana Violent Death Reporting System (INVDRS) became available to coroners for electronic submission of violent deaths records. In 2017, the Trauma System Development and Training Manager has expanded the INVDRS reach by training and enrolling 20 counties. In total, there are now 38 county coroner's offices now reporting to INVDRS. These numbers are expected to continue to increase as the Trauma Systems Development and Training Manager continues to provide training and refine curriculum materials.

#### **Reasons for Success or Barriers/Challenges to Success**

The success of this activity has been aided by the user-friendly surveillance system. After receiving feedback from county coroner's users, the site layout was modified enhance the flow of data input. This action worked to both increase reporting and data quality. Barriers to success still remain, as reporting is not a requirement for coroners.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Block grant funds, in addition to other CDC funds, have allowed continued funding of software development and staff time in order to achieve our injury surveillance goals and improved data collection. Without this data and without the manpower to evaluate the data, mine new data, and analyze it, we would not be able to improve the information we disseminate for prevention efforts. Moving forward, the Trauma System Development and Training Manager aims to continue improving training and enrolling new county coroners to INVDRS reporting.

## **State Program Title: Nutrition and Physical Activity**

### **State Program Strategy:**

**Goal:** Between October 2017 and September 2018, the Division of Nutrition and Physical Activity (DNPA) at the Indiana State Department of Health, seeks to reduce the disparities and overall burden of chronic disease in Indiana, and prevent incidence of overweight, obesity and the development of life-long debilitating chronic disease. As a sister division of the Division of Chronic Disease, Primary Care and Rural Health, DNPA is familiar with the burden and implications of failing to prevent the onset of leading causes of morbidity and mortality in Indiana. DNPA serves as the primary prevention of chronic disease in Indiana as it seeks to monitor and improve access to and consumption of healthy, nutritious foods, and access to and engagement in physical activity. DNPA addresses these tasks by working to change the *policies* of municipalities, organizations and communities, the *systems* in which Hoosiers interact, and the *environment* in which residents live, learn and work. DNPA works in domains across the life-span: from breastfeeding to aging in place. The group recognizes the importance of prevention in all settings. Currently, the group is active in: health promotion and marketing, built environment, access to healthy foods in the community, workplace wellness, access to physical activity in the community, and school wellness.

#### **Program Priorities:**

- Lead coordinated statewide efforts to improve the weight status of adults, children and adolescents by increasing access to and consumption of healthy foods, and increasing access to and engagement in physical activity through systems-level change, policy, and health communications.
- Improve surveillance, analysis, and communication of overweight, obesity, breastfeeding, physical activity and nutrition indicators.

#### **Primary Strategic Partnership(s):**

##### **Internal:**

- Division of Maternal and Child Health
- Division of Chronic Disease, Rural Health and Primary Care
- Office of Women's Health
- Office of Minority Health

##### **External:**

- Indiana Minority Health Coalition
- Indiana Cardiovascular Health and Diabetes Coalition
- American Heart Association
- Indiana Institute on Disability and Community
- American Diabetes Association
- Indiana Public Health Association
- Indiana Healthy Weight Initiative

**Evaluation Methodology:** DNPA follows national evaluation guidelines as put forth by the CDC Framework for Evaluation and individual CDC evaluation guides for state-based chronic disease/NPAO public health programs. Annual evaluation plans are utilized to monitor processes and impact of the division and section initiatives.

Additionally, in order to evaluate support provided to local communities for community-wide initiatives, an evaluation plan including process and intermediate outcomes measures will be implemented in collaboration with community partners.

DNPA will evaluate the progress of our goals and objectives with the weight status, fruit and vegetable consumption, and physical activity data retrieved from the Youth Risk Behavior Survey (YRBS), the policies and practices retrieved from the School Health Profiles, number of training opportunities and number of schools/students reached from those trainings, and number of presentations at statewide or regional conferences.

## **National Health Objective: NWS-2 Nutritious Foods and Beverages Offered Outside of School Meals**

**State Health Objective(s):**

Between 10/2016 and 09/2017, increase the number of youth and adolescents at a healthy weight by employing a spectrum of evidence based strategies in schools, school districts and out-of-school care. DNPA contract position will partner with the Indiana Department of Education, local education agencies, Office of Out of School Care, summer care and camp organizations, local YMCAs and others to improve access to healthy foods and time to be physically active for the youth and adolescents in their care.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

Between 10/2016 and 09/2017, the DNPA contract person, Childhood Obesity Prevention Coordinator (COPC), has partnered with multiple outside organizations such as IDOE, local education agencies, Indiana Healthy Weight Initiative, Action for Healthy Kids, and JumpIN for Healthy Kids to provide trainings, technical assistance, and fund conferences to key stakeholders to improve the access to healthy foods and beverages offered outside of the school meal.

**Reasons for Success or Barriers/Challenges to Success**

The ongoing relationships and collaborations with partner agencies has been very successful. All partners are dedicated and passionate about reducing obesity and increasing access to nutrition and high quality opportunities for physical activity. The collection of quantitative data regarding access to healthy foods has been challenging.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

To maintain synergy with all our collaborating partners, it has been a priority of the ISDH to remain as transparent as possible with these organizations regarding our goals and objectives, as well as involving these organizations in decision making processes regarding nutrition and physical activity. To address the data collection method, the DNPA is working on identifying a method that will accurately identify success or failure.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

Block Grant dollars have been leveraged for this objective in the area of PHHSBG supported staff to launch these statewide health initiatives. COPC has used work time to partner with previously listed community and statewide partners.

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Childhood Obesity Primary Prevention Programming**

Between 10/2016 and 09/2017, Childhood Obesity Program Coordinator will implement **15** school district programs across the state to improve access to healthy foods in schools and access to physical activity during the school day.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Childhood Obesity Program Coordinator implemented **15** school district programs across the state to improve access to healthy foods in schools and access to physical activity during the school day.

**Reasons for Success or Barriers/Challenges to Success**

After sufficient training on program implementation in the previous year, COPC was able to leverage relationships with school districts and utilize internal partnerships to deliver programming.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

COPC was able to accomplish the stated goal of program implementation in at least 15 school corporations across the state to improve access to healthy foods in schools and access to physical activity during the school day. This included CSPAP trainings and Walking School Bus trainings. Since October [2016](#), DNPA has implemented a total of 24 district programs to improve access to healthy foods in schools and access to physical activity during the school day. COPC will continue to utilize partnerships to build upon the activities spearheaded from these trainings. COPC will seek out additional trainings such as SHAPE America's Physical Activity Leader (PAL) training to continue success for this objective.

### **Activity 1:**

#### **Childhood obesity primary prevention—technical assistance**

Between 10/2016 and 09/2017, Program Coordinator will provide technical assistance and training to school districts and out-of-school time organizations across the state on best practices regarding improving access to healthy food and places to be physically active.

### **Activity Status**

Completed

### **Activity Outcome**

COPC has continued to provide technical assistance (TA) to both school districts and out-of-school time organizations regarding best practices to improve healthy food and places to be physically active. Most TA is centered around updated a LEAs wellness policy, which affects both nutrition and physical activity. COPC has accessed policies and provided recommendations to strengthen those policies. COPC has also acted as a subject matter expert in these areas, providing most recent evidence based best practices to LEAs across the state.

### **Reasons for Success or Barriers/Challenges to Success**

COPC found that cooperation from both school corporations and out-of-school time organizations and the ISDH was key to success. Organizations who were supported by the ISDH found success regarding technical assistance. The only barrier that could be identified for this objective would be that schools and organizations who were not receptive to technical assistance or had competing interests such as STEM or ISTEP testing.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Best successes were seen when districts and organizations were open to ISDH technical assistance. It was easiest to reach out to these entities when they not only needed assistance, but wanted technical assistance from ISDH. Multiple lines of communication would be attempted to those not wanting assistance. COPC will continue to make site visits and connect with other community partners that have worked with school districts and out-of-school time organizations in the past (i.e. Purdue Extension).

### **Activity 2:**

#### **Childhood obesity primary prevention—training**

Between 10/2016 and 09/2017, Program Coordinator will conduct five training opportunities (state-wide) on the topics of nutrition standards and food service training.

### **Activity Status**

Completed

### **Activity Outcome**

Coordinating with the DNPA Nutrition Coordinator and Indiana Department of Education, 16 training opportunities on the topic of nutrition standards and food service trainings were offered around the state: five procurement trainings, three meal pattern trainings, three culinary trainings and five wellness policy

workshops.

**Reasons for Success or Barriers/Challenges to Success**

To achieve this stated objective, DNPA's leadership for the Nutrition Coordinator and partnership with the Department of Education were critical. Existing relationships with school districts around the state made coordination easier and momentum for improvements in this area of school health already developed.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

COPC will continue to collaborate with DNPA's Nutrition Coordinator, as well as community partners and organizations who work in the field of nutrition education and food service training to provide opportunities on those topics.

**Activity 3:**

**Childhood obesity primary prevention—Continuing Education**

Between 10/2016 and 09/2017, Program coordinator will attend at least one national training event or conference on the topic of childhood obesity prevention, or a specific strategy with which to prevent it.

**Activity Status**

Completed

**Activity Outcome**

COPC attended two conferences that highlight childhood obesity and strategies with which to prevent it. COPC attended the National Lets Move Outside Summit and the Indiana School Nutrition Conference.

**Reasons for Success or Barriers/Challenges to Success**

COPC utilized internal and external partnerships to find state and national continuing education trainings.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

COPC will continue to attend trainings or conferences that are relevant to position and childhood obesity prevention.

**Activity 4:**

**Childhood obesity primary prevention—Collaboration**

Between 10/2016 and 09/2017, Program coordinator will serve on three state-wide, regional, and local coalitions dedicated to childhood obesity prevention efforts. He or she will represent ISDH and promote the use of factual and evidence based strategies and efforts. Internally, program coordinator will collaborate with appropriate divisions including: Maternal and Child Health, Division of Chronic Disease, Rural Health and Primary Care, Office of Women's Health, Office of Minority Health. Additionally, program coordinator will ensure collaboration with the Indiana Department of Education, including their nutrition services department, school nurse department and physical & health education department.

**Activity Status**

Completed

**Activity Outcome**

COPC participated in more than three regional coalitions dedicated to childhood obesity prevention efforts; JumpIN for Healthy Kids, TOP 10 Coalition, Healthy Schools Action Team, and Marion County School Wellness Committee. In the future COPC will serve on these coalitions and promote factual and evidence based strategies and efforts.

**Reasons for Success or Barriers/Challenges to Success**

Veteran DNPA staff were able to connect COPC with existing partners and advocate for their position and value for serving on these coalitions.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

COPC will continue to serve on these coalitions and promote factual and evidence based strategies and

efforts. COPC will also seek out additional coalitions in the area of early childhood education in collaboration with JumpIN for Healthy and Kids and Early Learning Indiana.

**Activity 5:**

**Childhood obesity primary prevention—Statewide education**

Between 10/2016 and 09/2017, Program coordinator will present at a minimum of three statewide or regional conferences regarding evidenced based practice for school, or out-of-school time professionals.

**Activity Status**

Not Completed

**Activity Outcome**

COPC has represented DNPA at three statewide or regional conferences; the Indiana Association of School Principals conference, the Indiana Association for the Education of Young Children Conference and the Indiana School Health Network (ISHN) conference.

**Reasons for Success or Barriers/Challenges to Success**

COPC was able to leverage existing partnerships (i.e Covering Kids and Family, organizers of ISHN) in order to seek out statewide and regional conferences regarding evidenced-based practice for school, or out-of-school time professionals.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In the future, COPC will continue to work toward the stated objective, having the support of DNPA to present at statewide or regional conferences. Block grant dollars may need to be leveraged to complete this stated objective.

**National Health Objective: PA-3 Adolescent Aerobic Physical Activity and Muscle-Strengthening Activity**

**State Health Objective(s):**

Between 10/2016 and 09/2017, DNPA will increase the number of adolescents who meet the recommended level of physical activity in a week. DNPA contract position will partner with the Indiana Department of Education, local education agencies, Office of out of School Care, summer care and camp organizations, local YMCAs and others to improve access to physical activity for the youth and adolescents in their care.

**State Health Objective Status**

Met

**State Health Objective Outcome**

COPC was able to partner with the Indiana Department of Education, LEAs, and other organizations to improve access to physical activity for youth and adolescents in their care. COPC and DNPA will need to collect data in the future to understand the total reach of their efforts for this objective.

**Reasons for Success or Barriers/Challenges to Success**

In the future, COPC will continue collaboration and synergistic efforts to continuing working with these organizations to achieve the stated objective.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The strategies used to achieve this objective are based on collaborations with community and regional partners. COPC will continue to collaborate with these organizations and coalitions to improve the access to physical activity for youth and adolescents in their care. As stated, DNPA will need to quantify data to better understand the reach of their efforts.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

PHHSBG supported staff time to launch these health initiatives will be crucial to success of the objective. Block grant dollars may need to be leveraged to support COPC in this ongoing objective.

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Increase access to places to be physically active in Indiana**

Between 10/2016 and 09/2017, Division of Nutrition and Physical Activity (DNPA) will conduct 10 professional development trainings on increasing access to physical activity for Indiana youth and adolescents.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Division of Nutrition and Physical Activity (DNPA) conducted 25 professional development trainings on increasing access to physical activity for Indiana youth and adolescents.

**Reasons for Success or Barriers/Challenges to Success**

DNPA was able to conduct 25 professional development trainings on increasing access to be physically active for Indiana youth and adolescents. DNPA has been able to provide trainings on a wide variety of topics that include, but are not limited to, Walking School Bus, Comprehensive School Physical Activity Program (CSPAP) and SPARK Physical Education trainings.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

To achieve this stated objective, DNPA's partnerships with community and statewide organizations were crucial. DNPA staff has been able to successfully conduct and facilitate these trainings because of the collaborations with outside coalitions. Professional developments have been and will continue to be ongoing on the topics of increasing access for Indiana youth and adolescents to be physically active.

**Activity 1:****Access to physical activity—training**

Between 10/2016 and 09/2017, the Coordinator will be training school staff from a variety of school corporations, specifically, but not limited to, physical education teachers, regionally throughout the state. DNPA plans to reach 15 people per training.

**Activity Status**

Completed

**Activity Outcome**

COPC facilitated and coordinated CSPAP, Walking School Bus, Playworks, and SPARK ABC (Early May 2017). COPC and DNPA have coordinated these trainings across the state reaching all regions (North, South, East, and West). These trainings were well-attended, ranging from 4 to 40 attendees with participants including school teachers, administrators, and community members.

**Reasons for Success or Barriers/Challenges to Success**

The relationships that DNPA has cultivated with selected local education agency (LEAs) and community groups throughout the state allowed for widespread promotion and ease of scheduling facilities. A continued challenge includes reaching attendees in the far northwest part of the state.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In order to overcome challenges, DNPA will be strengthening partnerships with schools and community groups in the areas with lower attendance.



**Activity 2:****Access to physical activity—Collaboration**

Between 10/2016 and 09/2017, Program coordinator will serve on three state-wide, regional, and local coalitions dedicated to childhood obesity prevention efforts. Internally, program coordinator will collaborate with appropriate divisions including: Maternal and Child Health, Division of Chronic Disease, Rural Health and Primary Care, Office of Women's Health, Office of Minority Health. Additionally, program coordinator will ensure collaboration with the Indiana Department of Education, including their physical & health education department.

**Activity Status**

Completed

**Activity Outcome**

COPC participated in more than three regional coalitions dedicated to childhood obesity prevention efforts; JumpIN for Healthy Kids, TOP 10 Coalition, Healthy Schools Action Team, and Marion County School Wellness Committee. In the future COPC will serve on these coalitions and promote factual and evidence based strategies and efforts. COPC also regularly communicates with the Indiana Department of Education (IDOE) specifically nutrition and physical and health education (PE) and Health Department.

**Reasons for Success or Barriers/Challenges to Success**

Veteran DNPA staff were able to connect COPC with existing partners and advocate for their position and value for serving on these coalitions. IDOE and DNPA also have shared interests including the updating of the Healthy Schools Toolkit which will be available to all coalitions and partners once it is completed.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

COPC will continue to serve on these coalitions and promote factual and evidence based strategies and efforts. COPC will also seek out additional coalitions in the area of early childhood education in collaboration with JumpIN for Healthy and Kids and Early Learning Indiana.

**Activity 3:****Access to physical activity—policy development**

Between 10/2016 and 09/2017, DNPA will work with YMCAs, local school districts, out-of-school-time caregivers and other community organizations on implementing site and agency specific protocols on increasing the number of minutes of physical activity offered to youth and adolescents in their care.

**Activity Status**

Completed

**Activity Outcome**

COPC was able to assist schools and provide protocols that will increase number of minutes of physical activity offered to youth and adolescents in their care. COPC was able, and will continue to assist LEAs in the re-writing and implementation of their districts wellness policies. These policies act as guidance for all school employees on protocols related to physical activity. DNPA has also presented at specific conferences to highlight these efforts (ECE conference, Principal conference). COPC works regularly and is represented on numerous planning committees that work in these areas: Let's Move Outside, ISHN, HSAT, Marion County School Wellness, Top 10 Coalition, and JumpIN.

**Reasons for Success or Barriers/Challenges to Success**

Previous relationships DNPA already had in place with LEAs and other school health partners which made the completion of this objective possible for COPC. LEAs were open to COPC assistance because of the past relationships they had with members of DNPA. LEA administrative support appeared to be the only issue with implementing these best practices that relate to physical activity.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

In the future, DNPA and COPC will continue to act as subject matter experts in the areas of policy development. COPC will assist districts with the implementation of their wellness policies and protocols through conference calls and site visits. When issues arise within a particular LEA, COPC will work with other members of DNPA and local relevant organizations to address these issues.

**State Program Title: Public Health Performance Infrastructure****State Program Strategy:**

**Goal:** Between October 2017 and September 2018, the Office of Public Health Performance Management (OPHPM) will continue to improve the overall quality and capabilities of Indiana's public health system. Specific focus will be on institutionalizing quality improvement, emphasizing and reevaluating agency performance management, expanded workforce development, and performance management infrastructure to support the work for public health and public health accreditation.

**Program Priorities:** Program priorities for this workplan year include preparing Indiana State Department of Health (ISDH) for public health accreditation, authorship of the state's health assessment and improvement plan, the agency's strategic plan, developing a performance management system, expanding workforce development opportunities, increasing the number and strength of quality improvement projects in the agency, and serving as an improvement resource for the agency.

**Primary Strategic Partners:** Indiana University, Purdue University, local health departments, Non-Governmental Organizations (NGO), and other state universities

**Evaluation Methodology:** Number and quality of trainings, attendance at trainings, pre- and post-evaluations to compare and record knowledge gained from trainings and training quality.

**National Health Objective: PHI-2 Continuing Education of Public Health Personnel****State Health Objective(s):**

Between 10/2016 and 09/2017, increase the workforce development and training opportunities for public health workers in Indiana.

**State Health Objective Status**

Met

**State Health Objective Outcome**

Between September – December 2017 ISDH provided an opportunity for 78 participants to participate in their first of three Leadership At All Levels (LAAL) training sessions. This consisted of an hour and a half of classroom lecture for 10 weeks which included presentations, individual and group activities, and assigned readings. This three tier series is set on a rotation. Starting in January 2018 ISDH provided an opportunity for an additional 33 participants to complete their final session. This session will end in early April of 2018 and will include submission of a project that each participant has been working on. This project will allow the participant to apply the skills they developed in their first two sessions and facilitate a project which will directly benefit their team.

ISDH uses the TRAIN platform to provide professional development opportunities to public health and healthcare staff statewide. Indiana currently has over 22,000 registered users.

**Reasons for Success or Barriers/Challenges to Success**

ISDH has an executive team committed to the investment of their staff and building upon the professional development of their workforce. Graduation rate of the December 2017 graduating LAAL class was at 92%.

Some users have found that IN-TRAIN is not always easy to navigate. In addition, TRAIN has provided a new platform which has caused an increase in calls requesting assistance as they are learning to navigate the new system.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The LAAL team provides each class a customer satisfaction survey to better understand what the participants are looking to achieve, if the team met those expectations, and areas the class can improve. ISDH is developing help hints and step-by-step guide to assist users in navigating the new system. This will address common questions and allow resolution quickly.

## **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

The Office of Public Health Performance Management utilized block grant funding for the salaries and fringe benefits of staff members which assist individuals with the IN-TRAIN system and assist in facilitating LAAL. LAAL was offered at no cost to the participants and was fully funded by the division's block grant funding. This included the purchase of materials and books for the learning of the registrants.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **Continuing education of public health personnel**

Between 10/2016 and 09/2017, OPHPM will provide a menu of workforce development opportunities to staff of ISDH, local health departments and emerging public health workforce. This objective will assist ISDH in its path toward public health accreditation by meeting standards outlined in Domain 8 of the Public health Advisory Board Standards and Measures.

### **Impact/Process Objective Status**

Exceeded

### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, OPHPM provided a menu of workforce development opportunities to 370 of ISDH, local health departments and emerging public health workforce. This objective will assist ISDH in its path toward public health accreditation by meeting standards outlined in Domain 8 of the Public health Advisory Board Standards and Measures.

### **Reasons for Success or Barriers/Challenges to Success**

Leadership at all Levels (LAAL) has grown exponentially in the last year due mainly to word of mouth and leadership support. The number of staff that come in from outside ISDH has increased, as well. In addition, leaders from other state agencies are inquiring how they can adopt the same leadership style classes.

LAAL is available to all staff members through-out the year on a rotation, comprising of 3 tiers (core, intermediate, and advance). There are 29 ISDH staff participating in the advance session which began January 17, 2018 and will continue until April of 2018. An additional 29 ISDH staff (and 30 staff from other government agencies) participated in the core session which began in October of 2017 and ended in December of 2017.

ISDH's Quality Improvement Coordinator and Accreditation Coordinator visited a local health department in December 2018 to provide a training of the PHAB accreditation domain 9.

ISDH has welcomed and placed a total of 11 interns in January of 2018. As part of welcome, interns participate in the "Welcome to ISDH" orientation which covers the history of the agency, mission and vision, introduction to executive staff and the programs housed at the agency, and knowledge of professional development opportunities which they are allowed to participate in. The core LAAL graduation class included 1 intern that had been placed earlier that year.

In October of 2017, ISDH trained a cohort of 14 mentors in order to provide professional development support to new staff members. These mentors were recruited from the advanced leadership class. ISDH does not fully understand that gaps in the competencies of their workforce which can lead to ineffective trainings.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH staff was asked to participate in the PHWINS survey in September and October of 2017. ISDH hopes to address workforce competency gaps once we receive the results in early 2018.

### **Activity 1:**

#### **Provide access to INTRAIN e-learning platform**

Between 10/2016 and 09/2017, ISDH will utilize the INTRAIN e-learning platform to provide online

education tools. Currently, over 14,800 users are registered in Indiana. OPHPM will increase usage in Indiana by 8% to approximately 16,000 users.

**Activity Status**

Completed

**Activity Outcome**

As of 1/26/2018 there are 22,096 active users registered with IN-TRAIN

**Reasons for Success or Barriers/Challenges to Success**

ISDH divisions such as Tuberculosis and Trauma and Injury Prevention continually use TRAIN as a platform for courses and assessments. In September of 2017, OPHPM lost its TRAIN administrator, so we were unable to recruit for new courses as actively as we would like. OPHPM plans on filling the position as soon as possible.

The new updated TRAIN platform is much more user friendly.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The Workforce Development Coordinator has assisted in creating, and updating, helpful hints and step-by-step instructions to assist users with the new platform.

**Activity 2:**

**E-Learning modules**

Between 10/2016 and 09/2017, the workforce development coordinator will assist divisions in the agency in creating and posting e-learning courses that provide evidence-based public health training for the public health workforce. In the current work period, five separate ISDH divisions posted training courses on INTRAIN. During this work period, OPHPM will increase this number to 9.

**Activity Status**

Not Completed

**Activity Outcome**

OPHPM was unsuccessful in recruiting new division to post additional courses.

**Reasons for Success or Barriers/Challenges to Success**

OPHPM lost its TRAIN administrator in September 2017. New course development is very time consuming, and although OPHPM has been able to maintain active courses, we were unable to accept new submissions. OPHPM plans on filling the position—at the point, we will recruit for new course submissions.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHPM plans on filling the position—at the point, we will recruit for new course submissions.

**Activity 3:**

**Local Health Departments and INTRAIN**

Between 10/2016 and 09/2017, identify new training opportunities for LHDs through the INTRAIN learning management system and collect evaluation and assessment data. Actively promote relevant, or needed public health training for the local health departments as determined by a partnership with the internal Local Health Department Outreach Division.

**Activity Status**

Not Completed

**Activity Outcome**

TRAIN courses are utilized regularly by local health department staff, including the tuberculosis training, however there has not been an active push of new TRAIN courses.

**Reasons for Success or Barriers/Challenges to Success**

The workforce development coordinator left the agency in September of 2017. Duties are being shared among the OPHPM team and the team has been maintaining projects but not developing new ones.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHPM has been approved to fill the vacancy. OPHPM has interviewed 4 candidates for the position and has offered the position to one. OPHPM is waiting on their acceptance. In case of a denial, a second candidate has been identified.

**Activity 4:****Deploy a survey to assess workforce development needs and develop a workforce development plan**

Between 10/2016 and 09/2017, OPHPM will deploy a survey that assesses the needs of the ISDH workforce. It will mirror the public health wants, interests, and needs survey (PH WINS). OPHPM will also partner with the Local Health Department Outreach Division and our Schools of Public Health to assess the public health workforce across the state. Use of this data will inform a workforce development plan that satisfies the Public health Advisory Board's standards and measures for accreditation.

**Activity Status**

Completed

**Activity Outcome**

ISDH staff was asked to participate in the PHWINS survey in September and October of 2017. Results are estimated to be analyzed by spring of 2018 which will drive the workforce development plan.

**Reasons for Success or Barriers/Challenges to Success**

PHWINS survey has been distributed however the results have not yet been received.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Follow-up with agency with any additional questions once the survey results are received.

**Activity 5:****Leadership at All Levels Training**

Between 10/2016 and 09/2017, host the core, intermediate and advanced series of Leadership at All Levels for ISDH and other state agency staff to develop and encourage leadership skills within the agency. This series has become a staple leadership development course in the agency, and has attracted employees from around state government. During the current work period, over 150 agency staff have attended these trainings, 89% of surveyed attendees agreed that they are better leaders due to the trainings, 24 ISDH employees enrolled in the advanced course will pursue specific work-related leadership challenge projects that will drive improved outcomes and capacity for their programs. These projects require use of technical and soft-skill competencies. OPHPM will increase enrollment by 10% and continue gathering data on impact throughout the agency.

**Activity Status**

Not Completed

**Activity Outcome**

Leadership At All Levels (LAA) is available to all staff members through-out the year on a rotation, comprising of 3 tiers (core, intermediate, and advance). There are a total of 33 ISDH and partnering state agencies staff is participating the advance session which began January 17, 2018 and will continue until April of 2018. An additional 78 ISDH and partnering state agencies staff participated the core session which began in October of 2017 and ended in December of 2017. ISDH has schedule the next intermediate course to begin in April of 2018. This series has become a staple leadership development course in the agency, and has attracted employees from around state government. During the current work period, over 150 agency staff have attended these trainings, 89% of surveyed attendees agreed that they are better leaders due to the trainings, 24 ISDH employees enrolled in the advanced course will

pursue specific work-related leadership challenge projects that will drive improved outcomes and capacity for their programs. These projects require use of technical and soft-skill competencies. OPHPM will increase enrollment by 10% and continue gathering data on impact throughout the agency.

#### **Reasons for Success or Barriers/Challenges to Success**

Participation in the course has grown due to positive word-of-mouth advertisement, as well as a one-of-a-kind approach for leadership development in state government.

OPHPM will have to consider how to expand the class as the registration continues to grow past the ability to host interested employees.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The LAAL team provides each class a customer satisfaction survey to better understand what the participants are looking to achieve, if the team met those expectations, and areas the class can improve. The LAAL team is also monitoring the amount of interest in future trainings as well as what agencies are interested.

#### **Activity 6:**

##### **ISDH staff development**

Between 10/2016 and 09/2017, OPHPM will offer a minimum of three development classes for agency staff, other than Leadership at All Levels. They will include: mentorship, public speaking, project management, and others as requested. Every effort will be made to use in-house subject matter experts to provide further workforce development activities and minimize cost.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

OPHPM developed a mentorship program that was deployed in October 2017, a supervisor/manager meeting (initiated in November 2017) at which staff are trained on rotating topics, and the third topic, use of the Public Health Digital Library, will be deployed February 2018.

#### **Reasons for Success or Barriers/Challenges to Success**

Evaluations from the Supervisor/Manager meeting were positive, with suggestions to improve the bi-monthly meeting. Mentors are currently being matched to protégés. The online training course for the Public Health Digital Library will also be evaluated.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Evaluations will be used after every professional development event. In addition, data from the PHWINS assessments will help inform future workforce development strategies.

#### **Activity 7:**

##### **Support Continuing Education Events**

Between 10/2016 and 09/2017, support Public Health conference registration fees, including events such as the Indiana Environmental Health Association, for ISDH employees. Provide continuing education opportunities on and off site for ISDH and Local Health Department (LHD) staff.

#### **Activity Status**

Not Started

#### **Activity Outcome**

N/A

#### **Reasons for Success or Barriers/Challenges to Success**

The workforce development coordinator left the agency in September of 2017. Duties are being shared among the OPHPM team and the team has been maintaining projects but not developing new ones.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Approval to hire for the vacancy has been approved. OPHPM has interviewed 4 candidates for the position and has offered the position to one. OPHPM is waiting on their acceptance. In case of a denial, a second candidate has been identified.

**Activity 8:****Educational Resources and Trainings that Address the ISDH Priority Areas**

Between 10/2016 and 09/2017, OPHPM will provide educational resources, training and events that focus on the agency's top priorities: infant mortality, adult obesity, adult smoking and opioid use epidemic.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Agency is updating their Strategic Plan and identifying their key priorities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Plan is almost complete and ready to be initiated.

**National Health Objective: PHI-13 Epidemiology Services****State Health Objective(s):**

Between 10/2016 and 09/2017, increase analytical capacity of epidemiologists and data analysts using Statistical Analysis Software (SAS).

CDR Claudine Samanic will assist the Indiana State Department of Health to use health data, especially population-based data, to perform the essential functions of chronic disease epidemiology through direct assistance assignment by the Centers for Disease Control and Prevention.

**State Health Objective Status**

Met

**State Health Objective Outcome**

Provided technical assistance to cancer section through review of reports; provided analytic support for cancer survivorship grant deliverables; served on Cervical Cancer Workgroup to draft cervical cancer strategic plan for reducing morbidity and mortality from cervical cancer in response to House Bill 1278; provided data analysis for cancer cluster investigations; data analyses for 2018 Indiana Cancer Facts and Figures report; began mentoring new cancer epidemiologist; assumed role of co-chair of Indiana Cancer Consortium (ICC) data committee. Reviewed State Epidemiologic Outcomes Workgroup (SEOW) fact sheets and issue briefs and provided comments/suggestions for revision. Provided ongoing analysis and support for Scott County HIV outbreak data analysis. Provided analytic support for BRFSS data as requested. Assumed coordination of the 2018 Epidemiology Open House planning and the ISDH Epidemiology Integration Collaborative. Provided technical assistance for development of 2018 BRFSS survey. Served on the ISDH internal data handling workgroup. Presented abstract writing workshop at ISDH on December 6, 2016.

**Reasons for Success or Barriers/Challenges to Success**

Provided cancer epidemiology training to cancer section staff, in order to increase epidemiologic knowledge and data capacity across the section. Provided data support to Indiana Cancer Consortium Board of Directors which allowed the Board to set data-driven priority activities for 2018. Mentored new cancer epidemiologist. Authored MMWR article submission regarding Indiana veterans and behavioral health. Prepared data and delivered presentation on BRFSS analysis of Indiana veterans behavioral



health to Purdue University's Military Family Research Institute and the Indiana National Guard. Conducted data analyses for cancer cluster investigations and prepared reports to provide information back to the community. Drafted chapter on prostate cancer for the 2018 Indiana Cancer Facts and Figures report and reviewed other chapters and data sources, which will be a resource for the community, healthcare providers, and other stakeholders.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Built relationships and collaborations with internal programs and external partners; leveraged her extensive experience in environmental health, cancer epidemiology, and data analysis; applying teamwork and communication skills.

#### **Leveraged Block Grant Dollars**

Yes

#### **Description of How Block Grant Dollars Were Leveraged**

Used block grant dollars to support CAPT Samanic's salary and fringe benefits and work equipment/supplies.

### **OBJECTIVES – ANNUAL ACTIVITIES**

#### **Impact/Process Objective 1:**

##### **Essential Functions of Chronic Disease Epidemiology in State Health Departments.**

Between 10/2016 and 09/2017, Claudine Samanic will provide technical support to 2 peer review panels to evaluate national grant applications regarding CDC funding related to chronic disease.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Claudine Samanic provided technical support to 2 peer review panels to evaluate national grant applications regarding CDC funding related to chronic disease.

#### **Reasons for Success or Barriers/Challenges to Success**

Served as effective team member; conducted reviews and oral discussion appropriately and within required timelines.

Between 10/2016 and 09/2017, Claudine Samanic served as 1) objective reviewer for ISDH review of proposals for developing and conducting the 2018 Indiana Behavioral Risk Factor Survey, and 2) served as objective reviewer for the Cancer Prevention and Control Programs for State, Territorial, and Tribal Organizations Review peer review panels to evaluate national grant applications regarding CDC funding related to chronic disease.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Leveraged her extensive experience in survey development and methodology, knowledge of cancer epidemiology and community-based screening programs; applying teamwork and communication skills.

#### **Activity 1:**

##### **General Consultation and Assistance to ISDH.**

Between 10/2016 and 09/2017, provide general consultation and assistance to the ISDH Chronic Disease Division, Environmental Health Division, and Trauma and Injury Prevention Division, among others, within the Indiana State Department of Health.

#### **Activity Status**

Completed

#### **Activity Outcome**

Reviewed and provided input on draft questionnaires for interviews assessing underage drinking and

prescription drug use among post high-school graduates in 10 high risk Indiana counties, in support of the Partnerships for Success Grant in the Division of Mental Health and Addiction; authored Henry County Glioblastoma Cancer Cluster investigation report; Served on review panel to score proposals that were submitted in response to Request for Proposal for the 2017 Indiana Alcohol and Tobacco Survey. Served as organizer for the ISDH Epidemiology Open House poster session; Supported programs to create a process for obtaining Medicaid data: developed protocol for Medicaid data requests and determining solutions to barriers to obtaining data. Collaborated with study Principal Investigator to analyze data from Scott County HIV outbreak cohort study and resolve data quality issues. Provided ongoing support and technical assistance to the Chronic Disease and Environmental Health Divisions regarding analysis and response to community concerns about cancer and environmental contamination. Served on workgroup devoted to community paramedicine and other team-based approaches to primary and transitional healthcare.

#### **Reasons for Success or Barriers/Challenges to Success**

Identifying and resolving data quality issues for the Scott County HIV cohort study analysis will allow federal and state agencies to better understand the interplay of risk factors and social determinants of health related to injection drug use in rural settings, which will allow development of prevention and intervention models better suited HIV and hepatitis C transmission related to injection drug use in rural settings. Through a new partnership established between ISDH Division of Chronic Disease and QSource (Indiana's CMS QA-QIN organization), community paramedicine work will expand to include broader group of stakeholders, to address on-going challenges to program evaluation, data collection, and data sharing for measuring program impact. Obtaining Medicaid data on a routine schedule will allow ISDH to more effectively and efficiently submit required performance measure data to CDC and other funders.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Built relationships and collaborations with internal programs and external partners; leveraged her extensive experience in environmental health, cancer epidemiology, and data analysis; applying teamwork and communication skills.

#### **Activity 2:**

##### **Collaboration and linkage at ISDH.**

Between 10/2016 and 09/2017, ensure collaboration and linkage between the ISDH Chronic Disease Division in the use of data collection tools and development of various reports.

#### **Activity Status**

Completed

#### **Activity Outcome**

Continued work on building data source for community paramedicine programs: identifying data elements and mechanism to collect data to ultimately generate reports. Developed template for cancer cluster inquiry reports. Collaborated with member of the Chronic Disease Divisions to outline chronic disease-related questions and modules for the 2018 Indiana BRFSS survey.

#### **Reasons for Success or Barriers/Challenges to Success**

Partners are limited in technology and informatics capacity to collect and extract data from EHR's, and require additional resources (money, personnel) to modify or develop systems as needed.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Limited in her position to enforce; local partners not within CAPT Samanic's control but will provide all support necessary. Based on lessons learned through 2017 collaborations, begun community paramedicine/team-based care workgroup in collaboration with CMS/QSource, IU School of Medicine, programmatic and other partners to better leverage external resources.

#### **Activity 3:**

##### **Surveillance and Evaluation Activities**

Between 10/2016 and 09/2017, ensure collaboration with surveillance and evaluation activities among

ISDH Chronic Disease Division in data collection and reports.

**Activity Status**

Completed

**Activity Outcome**

Initiated protocol for study and data collection leveraging the Indiana State Cancer Registry, in order to develop a baseline data source for evaluating cancer survivorship. Established better collaboration among those in the Chronic Disease division who use different types of Medicaid data to make process more effective and efficient for better quality and timeliness of reporting; established the same with respect to overcoming HIPAA- and privacy-related challenges to internal data sharing and external data requests.

**Reasons for Success or Barriers/Challenges to Success**

Fostered collaboration within the Division to discuss barriers, challenges, and solutions. This is an ongoing effort.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Developed a strategy to establish a better rapport with Medicaid; clarified request process and requirements for obtaining Medicaid data

**Activity 4:**

**Establishing a Peer Review System**

Between 10/2016 and 09/2017, establish and maintain a peer review system for reviewing reports and documents distributed to various national audiences.

**Activity Status**

Completed

**Activity Outcome**

Asked various programs about need for this system and how develop it; programs indicated that no need existed for this system and were utilizing internal review systems.

**Reasons for Success or Barriers/Challenges to Success**

Programs were not interested at this time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Establishment of this type of system would need mandate from agency leadership.

**Activity 5:**

**Manuscript Development**

Between 10/2016 and 09/2017, develop manuscripts to be published in peer-reviewed scientific publications.

**Activity Status**

Completed

**Activity Outcome**

Authored article for CDC's Morbidity and Mortality Weekly Report entitled "Behavioral Health Characteristics and Access to Care among Veterans – Indiana, 2014", (Authors: C.M. Samanic, PhD, P. Pontones, L. Stemnock, T. Cunningham, ScD, A. Alley). The article was cleared by ISDH and has been in the CDC clearance review since October, 2017.

**Reasons for Success or Barriers/Challenges to Success**

The Scott County HIV Outbreak analysis and manuscript is delayed because final HIV testing results/HIV status are still pending. HIV status is the primary outcome for the analysis.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Developed strategies for data cleaning and coding and will resume when Scott County analysis when final data are available. Shared and enhanced interpretation of Indiana veterans analysis through collaboration with Purdue's Military Family Research institute and behavioral health specialist at the Indiana National Guard.

**Activity 6:****Conference Presentations**

Between 10/2016 and 09/2017, deliver a presentation at the annual conference of the Council of State and Territorial Epidemiologists (CSTE) or one other professional meeting.

**Activity Status**

Completed

**Activity Outcome**

Delivered presentation entitled "Access to Care and Chronic Disease Prevalence among Indiana Veterans Reporting Behavioral Health Conditions and Traumatic Brain Injury" at the CSTE annual meeting in Boise, ID, June 2017.

**Reasons for Success or Barriers/Challenges to Success**

Experience in data analysis, abstract writing, and public speaking.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Leveraged extensive experience in data analysis and abstract writing; presented abstract writing workshop at ISDH on December 6, 2016.

**Activity 7:****Meet professional requirements of the United States Public Health Service.**

Between 10/2016 and 09/2017,

- When requested and deemed a national emergency, deploy for a period of no longer than two weeks.
- Participate in advisory committees and workgroups (example: Hispanic Officers Advisory Committee, Health Services Professional Advisory Committee, Epidemiology workgroup) to provide advice and consultation to the Surgeon General's office (OSG) on issues related to the corps.
- Participate in leadership and work development conference calls during working hours.
- Develop and contribute to the drafting of standard operating procedures and other PHS documents during working hours.
- Represent the PHS at professional meetings.
- Wear PHS uniform daily.

**Activity Status**

Completed

**Activity Outcome**

Participated in Health Services Professional Advisory Committee (HSPAC), delivered two training webinars to HSPAC as member of the Career Progression and Development Webinar Training Subcommittee, mentored two junior officers through HSPAC Mentoring Program; member of HHS Region V Regional Incident Support Team. Participated in monthly assignee calls with supervisor. Has not been asked to develop/contribute to drafting of SOPs or other documents. Represented PHS at professional meetings and wore PHS uniform daily.

**Reasons for Success or Barriers/Challenges to Success**

N/A

**Strategies to Achieve Success or Overcome Barriers/Challenges**

N/A

**Activity 8:****Participation in Workgroups**

Between 10/2016 and 09/2017, participate in CSTE workgroups.

**Activity Status**

Completed

**Activity Outcome**

Participated in CSTE's Prescription Drug Monitoring and Epidemiologic Methods workgroups.

**Reasons for Success or Barriers/Challenges to Success**

Contributed to discussion on various topics addressed in the workgroups.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

No barriers encountered. Learned what other stakeholders were doing in other states.

**Impact/Process Objective 2:****Increase Analytic Capacity of Epidemiologists and Data Analysts**

Between 10/2016 and 09/2017, Matt Kaag, contract Senior Data Analyst, will conduct 2 SAS trainings to agency epidemiologists and data analysts in addition to individual assistance.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Matt Kaag, contract Senior Data Analyst, conducted 2 SAS trainings to agency epidemiologists and data analysts in addition to individual assistance.

**Reasons for Success or Barriers/Challenges to Success**

Matt provided ISDH epidemiologists and data analysts well-structured SAS trainings, system development, and programing support. Matt was available to assist program areas and staff with both troubleshooting of existing SAS programs and the development of new programs for various workflows and analysis.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Staff turnover within the agency is relatively high, thus it is imperative that trainings are continually available. Trainings and demonstrations need to include both introductory material for new staff and advanced concepts for experienced personnel.

**Activity 1:****Instruct SAS short courses**

Between 10/2016 and 09/2017, Matt Kaag will provide 2 trainings for agency epidemiologists and data analysts on data management, analysis, and presentation using the SAS software platform.

**Activity Status**

Completed

**Activity Outcome**

Matt Kaag developed and offered 2 SAS training sessions to epidemiologists at ISDH: 1. SAS Basics and 2. SAS Merging with Breakout of Address. He also attended SAS Training in Chicago on PROC SQL and SAS Macros.

**Reasons for Success or Barriers/Challenges to Success**

The trainings offered by Matt were well attended and well received by agency staff. Training received by

Matt on SQL and SAS Macros will be incorporated into future classes to be offered at ISDH.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

While the development of content for trainings does consume part of Matt's valuable time, the benefit of having staff well-informed about best practices in programming logic out-weighs those costs. Matt should repeat previously developed trainings annually to ensure new staff are educated on best practices and concepts.

### **Activity 2:**

#### **Provide technical consultation**

Between 10/2016 and 09/2017, Matt Kaag will provide individual consultation/assistance as needed to epidemiologists and data analysts on SAS programming and analyses.

### **Activity Status**

Completed

### **Activity Outcome**

Matt Kaag developed a facility level reporting/emailing system of Healthcare Acquired Infections (HAI) from Multi-Drug Resistant Organisms (MDRO). This system was developed in collaboration with the Tennessee Department of Health. Support is provided each quarter when the system is run. Matt Kaag also provided support to the Hepatitis program on name matching and data quality testing/reports. Additionally, Matt compiled annual Mortality and Natality data from both In-State and Out-Of-State sources.

### **Reasons for Success or Barriers/Challenges to Success**

Matt performs activities under the umbrella of the Epidemiology Resource Center which provides support to all programs within the agency. Thus, Matt is accessible to all staff and serves as a technical resource for SAS expertise.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Matt continues to provide consultation to epidemiologists and data analysts in the agency.

### **Impact/Process Objective 3:**

#### **Increase number of surveys completed in the 2017 Indiana BRFSS survey**

Between 10/2016 and 09/2017, Linda Stemnock and contractor will conduct 460 surveys for the 2017-2018 Indiana BRFSS.

### **Impact/Process Objective Status**

Met

### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Linda Stemnock and contractor conducted 512 surveys for the 2017-2018 Indiana BRFSS.

### **Reasons for Success or Barriers/Challenges to Success**

The additional surveys added to the 2017-2018 Indiana BRFSS surveys enhanced demographic detail and information on risk factors, disparities, preventive behaviors, and chronic diseases. Due to difficulty of conducting land-line surveys, cell phones made up a greater portion of the surveys.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The data obtained from the BRFSS survey will benefit several ISDH program areas in their planning and evaluation of programs and initiatives to improve the health of Indiana residents.

### **Activity 1:**

#### **Increase number of BRFSS surveys completed to increase data availability and demographic detail**

Between 10/2016 and 09/2017, an estimated 460 landline and cell phone interviews will be added to the Indiana 2017 BRFSS survey via contract with Clearwater Research, Inc. (BRFSS contractor for Indiana). The percent of cell phone interviews has been increased to 50% to provide better coverage of adults in Indiana. These additional surveys will aid in the tracking of risk factors and preventive actions, identify health disparities, and support strategic health improvement plans (HP2020 PHI-7, 8, 14, 15). The Advisory Committee voted to approve funding to be allocated for BRFSS data collection.

#### **Activity Status**

Completed

#### **Activity Outcome**

Through PHHSBG funding, approximately 512 additional surveys were added to the 2017 Indiana BRFSS survey via contract with Clearwater Research, Inc. (Indiana's BRFSS data collection contractor), which runs from 1/2/2017-12/31/2017.

#### **Reasons for Success or Barriers/Challenges to Success**

Indiana BRFSS is increasingly relying on cell phone surveys to obtain improved coverage of our adults in the 2017 BRFSS survey.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The data obtained from the BRFSS survey will benefit several ISDH program areas in their planning and evaluation of programs and initiatives to improve the health of Indiana residents.

#### **Impact/Process Objective 4:**

##### **Support production of GeoSpatial data analysis**

Between 10/2016 and 09/2017, Geospatial Data Analyst will analyze multiple data from all program areas which in turn are visualized and disseminated to staff, partners, and the general public through various platforms, particularly the web-based Stats Explorer tool, which includes county opioid profiles. The analyst's role is key to developing and maintaining the tools that improve access to data. Additionally, the analyst is needed to support the investigation of geographic patterns and relationships within agency data.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Geospatial Data Analyst analyzed multiple data from all program areas which in turn are visualized and disseminated to staff, partners, and the general public through various platforms, particularly the web-based Stats Explorer tool, which includes county opioid profiles. The analyst's role is key to developing and maintaining the tools that improve access to data. Additionally, the analyst is needed to support the investigation of geographic patterns and relationships within agency data.

#### **Reasons for Success or Barriers/Challenges to Success**

The GIS Data Analyst provides analysis and support to all program areas within the agency. As such, the analyst is engaged with epidemiologists and planners from many disciplines. This requires a varied skillset including technology, statistics, informatics, and analytics. The GIS Analyst must ensure they are current on latest best practices, methodologies and solutions.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

A full-time GIS Data Analyst ensures that the agency has the capacity to both analyze the distribution of health conditions/resources across the state and to communicate those measurements to the agency staff and the general public.

#### **Activity 1:**

**Provide geostatistical analysis, measurements, and reports for all health programs**

Between 10/2016 and 09/2017, the GeoSpatial Data Analyst investigates agency health data resources to identify patterns and relationships through statistical measurements and geo-visualizations. The analyst develops and applies methodologies and mathematical models to derive statistics, maps and other diagrams to assist all program areas in data-driven decisions. The analyst also assists in necessary data collection, integration and maintenance in order to utilize data within a geographic information system platform. A robust geo-analytical capacity is critical to the agency's mission as it identifies health-related indicators at a granular community level related administration and agency priorities. The analyst works with program directors, agency staff and local health departments to ensure analysis results are explained and utilized appropriately. This activity will also directly support the agency's ability to assess the state's data and present that data back to Indiana residents as required by the Public Health Advisory Boards Standard and Measures for accreditation.

**Activity Status**

Completed

**Activity Outcome**

The primary solution which the GeoSpatial Data Analyst helped develop was the Stats Explorer web application – a single repository for view all county-level health statistics published by the agency. This required the analyst to transform aggregated data from many different data sources into a single standardized table. The table was then published as a web service through the existing state GIS technology infrastructure. The analyst developed web scripts to interact with the web service which resulted in publicly available charting and downloading capabilities of the compiled datasets. The analyst also compiled statistics for the Indiana Indicators web site which included the calculation of trends. In addition to the development and support of these tools, the GeoSpatial Data Analyst worked with many program areas to measure and visualize data including: Lead and Healthy Homes, Chronic Disease, Child Fatality Review, Maternal and Child Health, Environmental Epidemiology, Nutrition and Physical Activity, Infectious Disease Epidemiology, Viral Hepatitis Epidemiology, Zoonotic and Vector Disease Epidemiology, STD/HIV, Preparedness and Emergency Response, WIC, Cancer Epidemiology, Data Analysis Team, and Trauma and Injury Prevention. Additionally the data analyst provided supported demonstration and GIS user group activities for ISDH staff and, through the Indiana Geographic Information Council, all Health GIS users in the state.

**Reasons for Success or Barriers/Challenges to Success**

The use of GIS technology has been part of an agency solution for more than 20 years. The agency was able to acquire staff with the necessary skillset for effectively using GIS. During the time-period, the GeoSpatial Analyst Role transitioned from Ashley Suiter to Robert Gottlieb. The transition between staff was smooth allowing for continued support of existing solutions and data activities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The GeoSpatial Data Analyst is vital to the agencies understanding and distribution of health data. The agency must ensure the analyst continues to have access to the resources and technology solutions needed to perform tasks effectively. The analyst must be able to learn new skills 'on the job' as new technologies become available for use.

**Impact/Process Objective 5:****Support production of the annual reports and datasets**

Between 10/2016 and 09/2017, Matt Kaag, contract Senior Data Analyst will develop 1 core files and create templates used to generate annual reports.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**



Between 10/2016 and 09/2017, Matt Kaag, contract Senior Data Analyst developed 1 core files and create templates used to generate annual reports.

#### **Reasons for Success or Barriers/Challenges to Success**

Matt developed the files necessary files to generate the annual statistical report for the Mortality and Natality. However, the ISDH implementation and deployment of the NBS (NEDSS-Based System) was delayed until the end of 2018, thus preventing Matt's development of templates for annual reports from the NBS.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Matt's work on NBS reports is dependent upon implementation timelines.

#### **Activity 1:**

##### **Download birth and death files from the Genesis application**

Between 10/2016 and 09/2017, Matt Kaag will serve as backup for the Data Analysis Team (DAT) epidemiologist for downloading, at least monthly, Genesis, State and Territorial Exchange of Vital Events (STEVE), and resident out of state (ROOS) data and process the files in preparation for the ISDH DAT use.

#### **Activity Status**

Completed

#### **Activity Outcome**

Matt Kaag compiled annual Natality and Mortality files using Genesis (In-State Occurrences) and monthly downloads of STEVE (Out-Of-State). The data sources were combined and extensive edits were performed on the data, including: de-duplication, city/county/zip code verification, variable standardization, and race assignment.

#### **Reasons for Success or Barriers/Challenges to Success**

Matt schedules monthly STEVE downloads into his workflow. Matt's extensive experience with preparing Birth and Death datasets allows him to troubleshoot errors and fix nuanced issues.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The ISDH Vital Records is in the process of replacing the Genesis System within 4 years. Matt is hoping to be involved in this transition, incorporating compilation and edit processes in the new VR system to automate many of the current time-intensive processes.

#### **Activity 2:**

##### **Produce datasets for ISDH epidemiologists**

Between 10/2016 and 09/2017, Matt Kaag will develop simple and detailed reports for the Epidemiology Resource Center during the transition from the current I-NEDSS (electronic disease surveillance system) to NBS (NEDSS Base System) to use internally for ISDH epidemiologists and externally for local health department end-users. For this new initiative, requirements-gathering will be necessary and is estimated for completion by January 2018. Reports will then be developed using Proc Report, tested in the NBS system, and go live by April 2018. Matt will also serve as backup for the DAT epidemiologist responsible for generating a provisional birth and death dataset within 9 months and final dataset within 12 months of year end. Datasets will be posed for internal use by agency epidemiologists and data analysts.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

Data was prepared in a timely fashion, allowing for publication of the 2016 Natality and Mortality Reports in the fall of 2017. Prior to Matt's involvement in this process, final data was not available for report for a year and a half.

**Reasons for Success or Barriers/Challenges to Success**

The ISDH implementation and deployment of the NBS (NEDSS-Based System) was delayed until the end of 2018, thus preventing Matt's development of templates for annual reports from the NBS.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Matt's work on NBS reports is dependent upon technology and epidemiology staff meeting implementation deadlines.

**National Health Objective: PHI-15 Health Improvement Plans****State Health Objective(s):**

Between 10/2016 and 09/2017, continue to increase the capacity of local health departments, other community stakeholders, and nonprofit hospitals to conduct community health assessments and improvement plans by developing and improving the Indiana Indicators data dashboard website, increasing ISDH's capacity for GeoSpatial visualizations, and providing training and technical assistance on accessing health improvement plan data.

**State Health Objective Status**

Not Met

**State Health Objective Outcome**

ISDH is currently working with Indiana Business Research Center to update the Indiana Indicators data dashboard. Anticipated launch in February 2018.

**Reasons for Success or Barriers/Challenges to Success**

New search options as well as allowing options for live downloads for research projects and redesigning the site to make it more user friendly is being developed. This has been more time consuming than originally anticipated.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH is continuing to meet with the contractor monthly to discuss progress.

**Leveraged Block Grant Dollars**

Yes

**Description of How Block Grant Dollars Were Leveraged**

Block grant dollars were leveraged to increase the usability of the Indiana Indicators site. Potential partnership with the Family and Social Services Administration in Indiana will expand the original health dataset to include more social and economic data, and provide more customers with Community Action Agencies in Indiana.

**OBJECTIVES – ANNUAL ACTIVITIES****Impact/Process Objective 1:****Health Improvement Plan data availability**

Between 10/2016 and 09/2017, ISDH, Indiana Hospital Association, Indiana Business Research Center will update 1 data dashboard website, and conduct 4 trainings for stakeholders on the use and capabilities of the site, and employ a contract staff member with the Epidemiology Resource center for data resources and GIS capabilities.

**Impact/Process Objective Status**

Met

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, ISDH, Indiana Hospital Association, Indiana Business Research Center updated 1 data dashboard website, and conduct 4 trainings for stakeholders on the use and capabilities of the site, and employ a contract staff member with the Epidemiology Resource center for data resources and GIS capabilities.

#### **Reasons for Success or Barriers/Challenges to Success**

Indiana Indicators is scheduled to be launched in February 2018; the site has taken longer than anticipated to develop. Stats Explorer, housed on Indiana State Department of Health's website is another tool which provides county level health data. OPHPM employed a contract staff member with the Epidemiology Resource center for data resources and GIS capabilities.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH is continuing to meet with the contractor monthly to discuss progress for Indicators. The GIS staff, Robert Gottlieb, is included in these meetings to ensure all health department data is being provided to the Indiana Business Research Council as needed.

#### **Activity 1:**

##### **Development and maintenance of IndianaIndicators.org**

Between 10/2016 and 09/2017, OPHPM will contract with Indiana Business Research Council to provide a platform to house data from a variety of sources for the use of community partners and LHDs in Indiana. The site will allow users to sort data by indicators, geography, compare counties to counties or nationally. Additionally, the site will allow users to save indicators they deem important to a report-style format in the site for use in health planning, reporting, and surveillance.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

ISDH is currently working with Indiana Business Research Center to update the Indiana Indicators data dashboard. This has not yet been completed.

#### **Reasons for Success or Barriers/Challenges to Success**

New search options as well as allowing options for live downloads for research projects and redesigning the site to make it more user friendly is being developed. This has been more time consuming than originally anticipated.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH is continuing to meet with the contractor monthly to discuss progress.

#### **Activity 2:**

##### **GIS Support**

Between 10/2016 and 09/2017, ISDH will employ a GeoSpatial Analyst to assist with the development of and visualization of health indicators. Specifically, this analyst will conceptualize innovative approaches to present and provide data to stakeholders.

#### **Activity Status**

Completed

#### **Activity Outcome**

Robert Gottlieb was hired in the summer of 2017.

#### **Reasons for Success or Barriers/Challenges to Success**

Robert is a highly skilled employee who is able to consult and perform various data and data visualization duties. He will be instrumental in assisting OPHPM with the state health assessment and developing a comprehensive performance management plan. Needs for his services are high, so it will be important to prioritize his time.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Robert will continue to work with OPHPM to assist in the performance management and state health assessment responsibilities as this is a high priority for the agency.

**Activity 3:****Health Improvement Plan technical assistance and training**

Between 10/2016 and 09/2017, OPHPM will provide technical assistance to Local Health Departments on authoring health improvement plan and health assessments. OPHPM will direct them to the Indiana Indicators site as a means to access epidemiological indicators from trusted sources. Additionally, OPHPM will develop an online course through INTRAIN on using Indiana Indicators to its fullest capabilities (course will be evaluated) and provide four in-person training opportunities for internal and external partners.

**Activity Status**

Not Completed

**Activity Outcome**

Indiana Indicators is not yet updated for ISDH to provide trainings on the site, however trainings are planned for spring of 2018.

**Reasons for Success or Barriers/Challenges to Success**

Indiana Indicators is not yet updated for ISDH to provide trainings on the site—the site is taking longer than anticipated to publish.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH is meeting with their contractor monthly to discuss updates and is planned to launch in early February 2018.

**National Health Objective: PHI-16 Public Health Agency Quality Improvement Program****State Health Objective(s):**

Between 10/2016 and 09/2017, OPHPM will work to institutionalize continuous quality improvement in the state's public health system.

**State Health Objective Status**

Met

**State Health Objective Outcome**

The Office of Public Health Performance Management contracted with Purdue Healthcare Advisors to provide a training to selected staff in order for the participants to receive their Lean Practitioner Certification. Purdue was also scheduled to facilitate Rapid Improvement Events (RIE) for the agency as part of the training. Four training events were completed during this time (Commercial Onsite Sewage Plan Review 10/17/16; Accounts Payable 12/5/2016; Grant Opportunity Identification 2/22/17; Lead Reporting 5/22/17). The first training event team was able to achieve their target at 100%. This event is shared as an example of how the LEAN process can be successful and what benefits can be achieved. After completion of training RIEs. Half (5) of the 10 staff trained identified projects to facilitate improvement events. Three events have been completed by trained Lean Practitioners (Lead Case Coordination 6/19/17; Vital Records Data Sharing 7/17/17; Media Labs Inventory 7/10/17). Additionally, in June 2017 a Quality Improvement (QI) Coordinator position was filled to support QI in the agency. In August 2017, ISDH held a Lean Strategy Session to design a roadmap for the QI Team to build supporting infrastructure. As a result, the QI Team was reconvened September 2017. Lastly in September 2017, a second cohort of Lean Practitioner training was offered to 7 additional staff. Ongoing support from Purdue and the agency are helping to institutionalize QI into the public health system.

**Reasons for Success or Barriers/Challenges to Success**

Challenges include identifying projects to complete QI activities. ISDH is working on updating their Strategic Plan which will inform new key priorities for the agency. These priorities will then be measured by specific metrics which will be used to drive quality improvement projects for the agency.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH will finalize the agency's Strategic Plan and identify metrics which will inform future Quality Improvement Projects. A group of individuals have been identified to create a Quality Improvement Team who are meeting regularly to streamline QI project request, create needed forms, and create a tracking system. Additionally, staff will receive QI and Process Measure (PM) basic training to build capacity for completion QI projects.

#### **Leveraged Block Grant Dollars**

Yes

#### **Description of How Block Grant Dollars Were Leveraged**

Dollars were used to assist with providing supplies needed for the recent RIE as well as future events, hiring of a QI coordinator, full day strategy session, additional Lean Practitioner training and ongoing coaching support.

### **OBJECTIVES – ANNUAL ACTIVITIES**

#### **Impact/Process Objective 1:**

##### **Quality improvement availability and accessibility**

Between 10/2016 and 09/2017, ISDH and Purdue Healthcare Advisors will increase the number of available and accessible quality improvement events from 0 to 10.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, ISDH and Purdue Healthcare Advisors increased the number of available and accessible quality improvement events from 0 to 2.

#### **Reasons for Success or Barriers/Challenges to Success**

To receive certification the lean practitioners but wait until after the new process has been in effect for at least 90 days. Since October of 2016 there have been 2 practitioners that have received their certification as well as 1 additional practitioner that is 30 days into the new process.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Many lean practitioners have not participated in a Rapid Improvement Event and will need to do so prior to facilitating their own. The agency has 2 practitioners that are finalizing their projects to facilitate an RIE which will allow 2 opportunities for the other practitioners who will need to participate in one prior to facilitating their own.

#### **Activity 1:**

##### **ISDH Lean Practitioner Training**

Between 10/2016 and 09/2017, ISDH will contract with Purdue Healthcare Advisors to assist in developing a quality improvement plan for the agency. Included in this plan will be to train 10 state health department staff to be lean practitioners in order to conduct peer-led quality improvement events. . The Lean Practitioner (LP) training series is a multi-session program that provides the opportunity for staff to obtain knowledge and skills around Lean methodology as well as to serve as Lean leaders in the organization. The LPs are then required to lead quality improvement events across the agency.

#### **Activity Status**

Not Completed

**Activity Outcome**

ISDH has not yet completed their QI Plan, however 8 formal LEAN quality improvement events have occurred in 2016 to 2017. Additionally, the agency is in the midst of conducting a formal assessment on the culture of quality which will directly inform the strategies employed by the plan.

**Reasons for Success or Barriers/Challenges to Success**

The agency will need to identify their key priorities as well as the metrics that will be used to track those priorities which will inform the QI Plan.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Agency is in the final stages of finalizing their Strategic Plan and quality improvement plan.

**Activity 2:****ISDH Lean Daily Improvement Training**

Between 10/2016 and 09/2017, implement trainings at ISDH for Lean Daily Improvement (LDI) techniques, reaching a total of 15-20 staff members. LDI is a formal method of incorporating and identifying small improvements in the daily life of the agency.

**Activity Status**

Not Completed

**Activity Outcome**

The LDI training was unable to be scheduled prior to the end of the contract period and moved to the 2017-2018 year. The QI Team held a QI Open House for the agency. As part of this open house, the QI team provided information brochures as well as games which provided a learning opportunity of what QI is and what it means at the agency. There were ~100 amount of participants that attended. During this event, recruiting efforts occurred for LDI training 12 staff were interested.

**Reasons for Success or Barriers/Challenges to Success**

The QI team worked with executive staff to promote the event. The team recognized the need to identify a strategy to communicate to the agency prior to implementing additional training, postponing LDI training.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The QI team worked with executive staff to promote the event. LDI training scheduled for March 2018.

**Activity 3:****Continuous quality improvement training**

Between 10/2016 and 09/2017, OPHPM will provide 2 trainings for agency staff on how to incorporate continuous quality improvement in public health programming utilizing the Michigan Public Health Institute's model.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Timing of activities need to align with strategic planning process.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Training curriculum being developed to ensure staff understand QI.

**Activity 4:****Employ a Quality Improvement Coordinator**

Between 10/2016 and 09/2017, OPHPM will hire a Quality Improvement Coordinator responsible for

overseeing and coordinating agency sponsored quality improvement events.

#### **Activity Status**

Completed

#### **Activity Outcome**

OPHPM hired a Quality Improvement Coordinator in May of 2017. The QI coordinator has organized one training in September of 2017, and two upcoming quality trainings in February (lean leader) and March (lean daily improvement); she has organized a quality improvement open house at which 100 staff attended; provides quality improvement updates in monthly newsletters; and is currently assessing the staff's comfort with integrating QI in their work. The coordinator will also be authoring the agency's quality improvement plan based on the assessment, as well as creating a curricula of trainings for all staff to gain a better understand of how to incorporate quality improvement activities in their work.

#### **Reasons for Success or Barriers/Challenges to Success**

Quality improvement is still a new topic to many staff here at ISDH and has taken a while to gain traction. Based on feedback from staff, many individuals believe QI is 'someone else's job'. The QI coordinator is working to overcome those challenges. Executive staff however, are very supportive of this work, including ISDH's new health officer. OPHPM foresees more acceptance of QI from staff over time as more opportunities for trainings arise.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHPM will continue to provide training opportunities for staff to take advantage of for QI, as well as provide internal and external technical assistance on application of QI methodology. In addition, we will ensure to evaluate trainings in order to better understand staff needs and use the aforementioned quality assessment to shape quality improvement strategies.

#### **National Health Objective: PHI-17 Accredited Public Health Agencies**

##### **State Health Objective(s):**

Between 10/2016 and 09/2017, the Office of Public Health Performance Management will work to achieve public health accreditation by meeting the standards and measures through the Public Health Advisory Board. This includes authoring the State Health Improvement Plan, State Health Assessment, Agency Strategic Plan, Workforce Development Plan, and the Quality Improvement Plan. Additionally, OPHPM will provide encouragement and technical assistance to Local Health Departments as they seek PHAB accreditation.

#### **State Health Objective Status**

Not Met

#### **State Health Objective Outcome**

ISDH has not yet applied for accreditation.

#### **Reasons for Success or Barriers/Challenges to Success**

OPHPM is finalizing the State Health Assessment and has begun working with stakeholders on the State Health Improvement Plan. ISDH is finalizing the Strategic Plan. ISDH staff was asked to participate in the PHWINS survey in September and October of 2017 to inform the Workforce Development Plan. Results are estimated to be analyzed by spring of 2018 which will drive the workforce development plan. PHWIN survey has been distributed however the results have not yet been received.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The workforce development coordinator left the agency in September of 2017. Duties are being shared among the OPHPM team and the team has been maintaining projects but not developing new ones. This position has been posted and interviews were done in 2017. OPHPM has interviewed 4 candidates for

the position and has offered the position to one. OPHPM is waiting on their acceptance. In case of a denial, a second candidate has been identified. OPHPM is working with executive staff to finalizing the Strategic Plan. OPHPM is finalizing the State Health Assessment and is working with stakeholders to start on the State Improvement Plan.

#### **Leveraged Block Grant Dollars**

Yes

#### **Description of How Block Grant Dollars Were Leveraged**

Grant dollars are used for staffing of all of the OPHPM team, supplies, and materials.

### **OBJECTIVES – ANNUAL ACTIVITIES**

#### **Impact/Process Objective 1:**

##### **State Health Department Accreditation**

Between 10/2016 and 09/2017, ISDH will obtain 1 public health accreditation as defined by the Public Health Advisory Board's standards and measures.

#### **Impact/Process Objective Status**

Not Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, ISDH obtained 0 public health accreditation as defined by the Public Health Advisory Board's standards and measures.

#### **Reasons for Success or Barriers/Challenges to Success**

ISDH has several key plans that need to be updated and created prior to application.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

OPHPM is working with executive staff to finalizing the Strategic Plan.

OPHPM is finalizing the State Health Assessment and is working with stakeholders to start on the State Improvement Plan.

Once application is made ISDH will need to upload all documentation for submissions, participate in a site visit, and await an accreditation decision. This process can take up to 18 months.

#### **Activity 1:**

##### **State Health Assessment**

Between 10/2016 and 09/2017, ISDH will convene an Indiana Health Improvement Planning Partnership tasked to assess the health of Hoosiers. A direct result of this partnership will be an updated State Health Assessment that meets standards and measures for Public Health Advisory Board Accreditation.

#### **Activity Status**

Not Completed

#### **Activity Outcome**

ISDH and stakeholders have collected a wide range of quantitative and qualitative data to inform the state health assessment (SHA). The SHA document is currently being drafted by the OPHPM director. It will then be sent to stakeholders for public comment.

#### **Reasons for Success or Barriers/Challenges to Success**

Indiana wanted to ensure a robust qualitative and quantitative data collection took place to inform the SHA. The key informant interviews took longer than anticipated however, OPHPM has an engaged planning committee, and is confident that the needs of Hoosiers from across the state were heard. Due to staff turnover in OPHPM, duties were reassigned and the SHA fell to the OPHPM director who has dedicated substantial time in pushing it forward.



**Strategies to Achieve Success or Overcome Barriers/Challenges**

ISDH is working to finalize a draft to present to stakeholders and the public for review. A draft will also be sent to ASTHO, who is providing technical assistance in documentation review. This will allow ISDH insight on if the plan will meet accreditation standards.

**Activity 2:****State Health Improvement Plan**

Between 10/2016 and 09/2017, ISDH will convene an Indiana Health Improvement Planning Partnership tasked to create a plan to improve the health of Hoosiers. A direct result of this partnership will be an updated State Health Improvement Plan that meets the standards and measures for Public Health Advisory Board Accreditation.

**Activity Status**

Not Completed

**Activity Outcome**

ISDH is working with stakeholders to develop teams that will assess currently improvement plans to identify objectives and metrics, and will continue to monitor progress.

**Reasons for Success or Barriers/Challenges to Success**

ISDH and stakeholders have been finalizing the state health assessment that will inform the improvement plan.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Volunteers for teams that will assist in identifying the objectives and metrics for the plan are being identified. The teams will meet in February and March and ISDH will work on finalizing the draft for the stakeholder and public review.

A draft will also be sent to Association of State and Territorial Health Officials (ASTHO), who is providing technical assistance in documentation review. This will allow ISDH insight on if the plan will meet accreditation standards.

**Activity 3:****Strategic Plan**

Between 10/2016 and 09/2017, ISDH will develop an updated agency strategic plan that complies with standards and measures for the Public Health Advisory Board Accreditation.

**Activity Status**

Not Completed

**Activity Outcome**

Executive team met in November of 2017 to review the current Strategic Plan and provide guidance for the update. A draft has been created and is being reviewed by the appropriate staff for finalizing.

**Reasons for Success or Barriers/Challenges to Success**

ISDH provided all staff a survey to receive input on what is important to agency's workforce. They also facilitated a strengths, weaknesses, opportunities, and threats (SWOT) analysis with several staff, from all levels, to provide feedback. This information was then forward to the executive staff for their input and feedback.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Provide to appropriate staff for review and feedback. A draft will also be sent to ASTHO, who is providing technical assistance in documentation review. This will allow ISDH insight on if the plan will meet accreditation standards.

**Activity 4:**

**Quality Improvement Plan**

Between 10/2016 and 09/2017, ISDH will develop an updated agency quality improvement plan that complies with standards and measures for the Public Health Advisory Board Accreditation.

**Activity Status**

Not Completed

**Activity Outcome**

The Quality Improvement Coordinator has sent staff a survey to assess the culture of quality in the agency. The results of this survey will inform the Quality Improvement Plan.

**Reasons for Success or Barriers/Challenges to Success**

ISDH is finalizing their Strategic Plan which will outline priorities of the agency. The quality improvement plan will include the metrics identified to track these priorities.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

A draft will also be sent to ASTHO, who is providing technical assistance in documentation review. This will allow ISDH insight on if the plan will meet accreditation standards.

**Activity 5:****Workforce Development Plan**

Between 10/2016 and 09/2017, ISDH will develop an updated agency workforce development plan that complies with standards and measures for the Public Health Advisory Board Accreditation.

**Activity Status**

Not Completed

**Activity Outcome**

ISDH staff was asked to participate in the PHWINS survey in September and October of 2017 to inform the Workforce Development Plan. Results are estimated to be analyzed by spring of 2018 which will drive the workforce development plan.

**Reasons for Success or Barriers/Challenges to Success**

PHWIN survey has been distributed however the results have not yet been received

The workforce development coordinator left the agency in September of 2017. Duties are being shared among the OPHPM team and the team has been maintaining projects but not developing new ones.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The position has been posted and interviews were done in 2017. OPHPM has interviewed 4 candidates for the position and has offered the position to one. OPHPM is waiting on their acceptance. In case of a denial, a second candidate has been identified.

A draft will also be sent to ASTHO, who is providing technical assistance in documentation review. This will allow ISDH insight on if the plan will meet accreditation standards.

## **State Program Title: Sexual Assault Services (SAS) - Education and Outreach**

### **State Program Strategy:**

**Goal:** Between October 2017 and September 2018, continue to reduce the prevalence of rape and sexual violence in the State of Indiana.

**Program Priorities:** The Indiana Criminal Justice Institute (ICJI) will release a competitive solicitation for funds to provide sexual violence prevention outreach and education statewide, and also provide referrals to direct services and other resources to victims of sexual violence.

### **Primary Strategic Partnerships(s):**

**External:** ISDH, ICJI

**Evaluation Methodology:** Evaluation methodology includes presentation evaluations and data on numbers reached through outreach and education and through direct victim services. These numbers include: number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group; number of contacts with victims of sexual violence broken out by gender and age; and how victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services).

## **National Health Objective: IVP-40 Sexual Violence (Rape Prevention)**

### **State Health Objective(s):**

Between 10/2016 and 09/2017, The purpose of the SAS program remains to reduce the prevalence of sexual assault and attempted sexual assault and attempted sexual assault among residents of the State of Indiana, particularly youth through sexual violence outreach and education and direct services. A competitive solicitation for funds will be released to provide prevention outreach and education as well as direct services.

### **State Health Objective Status**

Met

### **State Health Objective Outcome**

In 2017, the Indiana Criminal Justice Institute awarded and oversaw thirteen (13) grants as a pass-through agency of the Sexual Assault Services (SAS) program. These programs fulfilled the SAS objectives by providing prevention education and facilitating direct service provisions to victims of sexual assault. Three programs are located in and serve a geographically rural population, while the ten remaining programs are located in urban cities.

During the reporting period the rape prevention objective was met through the following measures:

Four hundred and twenty-nine (429) victims of sexual assault were provided direct services as a result of the awarded SAS funding. Services include 1622 crisis calls, 718 crisis intervention services, 2263 victim advocacy contacts, 149 support groups, 840 individual counseling sessions, 146 group counseling sessions, and 159 referrals to therapeutic counseling.

One hundred and twenty-four (124) prevention education initiative presentations, 183 generally accepted prevention programming presentations, and 53 targeted workshops and trainings brought the annual reach of prevention efforts to 7,444, 13,621, and 2,606 attendants, respectively. The total reach of all prevention efforts in 2016 was 23,671 throughout the state of Indiana. These attendants include middle and high school aged students, businesses, places of worship, and law enforcement agencies.

Collaboration efforts were achieved through subrecipient participation in sexual assault response teams, youth advisory boards, an Indianapolis-based Latino roundtable, and general collaboration and network-building with community partners.

### **Reasons for Success or Barriers/Challenges to Success**

One barrier that ICJI has encountered is the lack of stand-alone sexual assault services providers and rape crisis centers in Indiana. As a result, the ICJI and the Indiana Coalition to End Sexual Assault (ICESA) have worked diligently with domestic violence and other crime victim service providers to build the capacity to provide adequate, meaningful, and evidence-based services to survivors of sexual

assault.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

There are several factors that are considered in building capacity with domestic violence organizations to serve victims of sexual assault. One factor is building the capacity of services. Often domestic violence service providers are best positioned to help in the immediate aftermath of a crisis in terms of physical safety and basic needs, while sexual assault survivors are more likely to be in need of services that prioritize emotional safety and therapeutic counseling. Another factor is awareness. While many organizations are well known in their community, they have learned that effective outreach and awareness of specifically of sexual assault services is the best way to ensure survivors are reached. Third is the capacity of an organization to build programming specific to addressing sexual assault outside of its domestic violence programming. This is where meaningful services meet effective outreach and complement prevention efforts to overcome barriers that have always affected sexual assault survivors, such as victim-blaming.

### **Leveraged Block Grant Dollars**

Yes

### **Description of How Block Grant Dollars Were Leveraged**

ICJI, as the administrator for SAS funds, has the ability to leverage efforts against sexual assault through multiple funding streams for the same subrecipients. In the 2017 program year subrecipients were able to address needs in their areas through grant awards from ICJI of Office on Violence Against Women Services\*Training\*Officers\*Prosecutors (STOP) and Sexual Assault Services Program (SASP) dollars as well as Office for Victims of Crime Act (VOCA) dollars to serve victims of sexual assault of all ages. Additionally, the Division's budget for addressing sexual assault doubled this year with the emergence of State dollars for rape crisis centers. ICJI developed a modified funding strategy to leverage SAS funds for prevention, which State and other federal dollars were leveraged for services. With the vital component of strategizing all available funds to leverage them in a way that maximizes the purpose and achievements of all sources, Indiana has successfully ensured that more effective services are more accessible to more people who are reached by more prevention and awareness efforts, realizing both objectives of the SAS funds.

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

#### **Extend coordinated, audience-appropriate sexual violence prevention outreach and education program**

Between 10/2016 and 09/2017, subrecipient prevention outreach education presenters will provide presentations to 8000 students and adults in Indiana.

### **Impact/Process Objective Status**

Exceeded

### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, subrecipient prevention outreach education presenters provided presentations to 23,671 students and adults in Indiana.

### **Reasons for Success or Barriers/Challenges to Success**

Leveraging funds and staff time with RPE and SAS prevention funds allowed more adults, youth and children to be reached with prevention information and education.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Success was achieved through leveraging of funds and clearly specifying expectations for prevention-based activities in the SAS application distributed to all potential subrecipients. Many other funding streams awarded through ICJI allow for direct service activities to victims of sexual assault. As a result, ICJI prioritizes prevention activities when considering program applications each year. As a result, over

99% of individuals reached by direct services or prevention efforts were reached by prevention efforts, while less than 1% of individuals reached received direct services.

### **Activity 1:**

#### **Provide sexual violence prevention outreach and education.**

Between 10/2016 and 09/2017,

- Provide current and generally accepted sexual violence prevention programs within local area, ensuring coordination with current RPE (Rape Prevention) program providers when appropriate. Examples include Teen Dating and Healthy Relationships, Love is Respect, Campus Sexual Assault and Relationship Violence Prevention program, and others which incorporate behavior and social change theories into the programs.
  - Provide workshops and training that meet the needs of the community including training for athletic teams, EMS first responders, law enforcement, prosecutors, etc.
  - Provide prevention and intervention information on an informal basis to individuals; during a counseling session, on a crisis line call, etc.

#### **PERFORMANCE MEASURES**

Below are examples of performance measures that will be included in SAS reports at the end of each quarter:

1. Number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group.
2. Number of contacts with victims of sexual violence broken out by gender and age.
  - (a) How victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services):
    - Number of hotline crisis calls.
    - Individual counseling hours broken out by age and gender.
    - Group session counseling hours broken out by age and gender.

### **Activity Status**

Completed

### **Activity Outcome**

In 2016, 285 presentations of primary prevention, generally accepted prevention programming, and targeted audience programming were delivered through SAS, which brought the total number reached for these presentations to 24,946 students, professionals, and community members annually.

1. Number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group:

1. Total: 23,671 (360 Presentations)
2. Youth: 17,834 (307 Presentations)
3. Adult: 5,837 (53 Presentations)

During this time period, SAS subrecipient programs educated youth about the role of drugs and alcohol in sexual violence, provided presentations on sexual violence awareness on college campuses, provided training to community groups and high school and local college sports teams. The state SAS coordinator encouraged subrecipients in underserved regions and counties to develop a prevention curriculum based on local needs and to provide programs in environments that will teach males as well as females.

### **Reasons for Success or Barriers/Challenges to Success**

While an increased number of youth were reached through an increased number of presentations during this reporting period, there was a decrease in the number of adults reached through a decreased number of presentations. One reason for this is because presentations provided to adults that are reported often include rape prevention in part. Given that these presentations are not fully focused on sexual assault, they are not included in this report's numbers.

### **Strategies to Achieve Success or Overcome Barriers/Challenges**

ICJI combats this issue by taking the opportunity to discuss the allowable costs and the importance of specified sexual assault prevention with subrecipients when an unallowable presentation is reported.

**Impact/Process Objective 2:****Improve and enhance service and response initiatives to victims of sexual violence.**

Between 10/2016 and 09/2017, Sub awards will be administered by state staff in the Indiana Criminal Justice Institute's Victim Services Division. Direct victim services will be provided by qualified staff of ICJI's thirteen SAS funded sub-recipients. Some are rape crisis centers and others are dual Domestic Violence/Sexual Assault centers. They will provide services to 200 victims of sexual violence.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, Sub awards will be administered by state staff in the Indiana Criminal Justice Institute's Victim Services Division. Direct victim services will be provided by qualified staff of ICJI's thirteen SAS funded sub-recipients. Some are rape crisis centers and others are dual Domestic Violence/Sexual Assault centers. They provided services to 429 victims of sexual violence.

**Reasons for Success or Barriers/Challenges to Success**

ICJI believes that the above figures in regard to the number of services represent services funded by all funding sources not just SAS which may have inflated the count.

ICJI encouraged and supported efforts to provide services through crisis intervention, hotlines, support groups, and other services. Additionally, ICJI encouraged expansion of services and support to underserved counties.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Evaluation methodology includes presentation evaluations and data on numbers reached through outreach and education and through direct victim services. These numbers include: number of youth and adults reached through prevention education initiatives funded through this grant broken out by age group; number of contacts with victims of sexual violence broken out by gender and age; and how victims were served (number of victims provided services through crisis intervention, crisis hotlines, support groups and other services).

**Activity 1:****Provide direct service to victims of sexual violence.**

Between 10/2016 and 09/2017, trained educators or counselors will provide a variety of trauma-informed care from emergency response to a hospital to meet with a victim, to explaining the rape examination process to further medical and legal education as needed. Services may be provided to any victim of sexual violence at any point in the life span continuum.

**Activity Status**

Completed

**Activity Outcome**

Number of contacts with victims of sexual violence broken out by gender and age:

1. 2,263 advocacy contacts were made with 380 female victims, 36 male victims, and 13 victims whose gender could not be determined.
2. Many agencies did not include crisis calls in their victim counts, but reported a total of 1,622 crisis calls throughout the life of the grant.
3. 718 crisis intervention services were provided.
4. 149 support groups were provided.
5. 840 individual counseling sessions were provided.
6. 159 referrals to therapeutic counseling treatment were made.

A total of **429** victims of sexual assault were provided a variety of services as described above. The majority of services were provided by dual domestic and sexual violence organizations that have grown from domestic abuse shelters to meet the needs of victims of sexual assault. A small number of organizations funded provide only services to sexual assault victims.

**Reasons for Success or Barriers/Challenges to Success**

A strong partnership with ICESA, as well as the willingness of more organizations to expand on their capacities to meaningfully serve victims of sexual violence has served as a reason for the success of this program. Unfortunately, limited funding is available for new programs who apply for SAS funding, which is a barrier to its success.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

SAVAF funding is strategically awarded to allow for programs to expand services to victims of sexual assault, while in the current fiscal year prevention activities were prioritized to be funded through SAS, as it is the only sexual assault fund that allows these efforts.

## **State Program Title: Tuberculosis (TB) Control Program/Refugee Health**

### **State Program Strategy:**

**Goal:** Between October 2017 and September 2018, one of the main goal of the TB Control, Prevention and Elimination Program is to decrease the morbidity and mortality caused by tuberculosis in Indiana, prevent transmission of tuberculosis to others, provide TB education to all TB stakeholders, and ensure the completion of therapy for persons who start treatment for TB disease and TB infection. Additionally, there has been an increased focus of prevention activities particularly with the high risk groups in Indiana through the implementation of required reporting of latent tuberculosis infection (LTBI); thereby increasing the percentage of newly diagnosed TB infection cases that start and complete treatment.

Between 10/2017 and 9/2018, one of the main goals for the Indiana Refugee Health Program (IRHP) is implement and enhance the Immigrant TB and All Refugee Application (ITARA). IRHP serves as a liaison between federal, state and county health departments to ensure CDC and Office of Refugee Resettlement (ORR) recommended domestic health screenings are provided to newly arriving refugees. The health screenings are provided to prevent infectious disease that pose a public health threat in Indiana. ISDH houses the ITARA database that serves to store and monitor the refugee health screening records. Maintenance and improvements to the database are essential to the IRHP in regards to refugee health.

#### **Program Priorities:**

1. Early diagnosis of TB disease and infection
2. Completion of appropriate therapy for all cases of TB disease and infection
3. Prompt identification and evaluation of high and medium risk contacts through effective contact investigation activities
4. Prompt reporting of all newly identified TTBI cases
5. Screening and treatment of TB infection in persons in targeted high-risk populations
6. Managing and monitoring refugee health screening

#### **Primary Strategic Partnerships(s):**

- **Internal:** Indiana State Department of Health Laboratories
- **External:** Local Health Departments

**Evaluation Methodology:** The ISDH TB program follows national evaluation TB guidelines set by the CDC. Additionally, the program conducts internal quality assurance measures. In an effort to decrease TB morbidity and mortality, the program evaluation component will focus on evaluating treatment initiation and completion for both TB infection and TB disease persons. The program's TB database, TB Statewide Investigating, Monitoring and Surveillance System (SWIMSS), will be replaced with CDC NEEDS Base System (NBS). Reports will be developed in NBS to identify how many new LTBI patients were entered appropriately and completely evaluated, how many started and completed treatment within the recommended guidelines. Analysis will be conducted on the specific variables identified such as: number of patients, high risk groups, treatment start date, and treatment completed, etc. Additionally, the TB epidemiologist will review all data submitted individually, and any issues identified will be discussed with the submitting local health department (LHD) and the regional nurse consultants.

In Indiana, the local health departments (LHDs) with the technical support of ISDH are responsible for case management of TB patients. LHDs provide basic services tuberculosis which include tuberculosis screening, patient assessment and referral for medical care, delivery of anti-tuberculosis medicines, case management, contact investigations, and directly observed therapy. The state is responsible for surveillance, policy development, public education and strategic leadership. This partnership is critical in the control and elimination of TB in Indiana. On December 25, 2015, latent tuberculosis infection (LTBI) became a reportable condition in Indiana. This is in line with national trends and the CDC's focus on successfully treating LTBI to prevent progression to TB disease. This new law means additional reporting for the LHDs. The TB program will be providing additional education and outreach on LTBI reporting to LHDs and community providers. Ongoing technical support will be needed to ensure information from electronic lab reports (ELR) are coming into NBS appropriately so that effective surveillance and investigation can follow.



The ISDH Refugee Health program monitors the number of refugees that receive their initial domestic health screening. Internal goals are to ensure that all refugees are screened within a specified timeline and that 100% of refugees coming into Indiana receive their health screening. Within the ITARA database, enhancements will be made to develop reports to assist the ISDH program as well as the clinics to monitor their data in a real-time basis. The reports that will be developed will include number of arrivals, time to initial screening, time to completion of screening, missing screenings, monthly reports, and screening outcome reports to send to ORR three times per year.

Success of progress goals will include:

1. Implementation of the new surveillance system, NBS.
2. Improved LTBI case reporting through additional education and outreach to LHDs on reporting all LTBI cases, not just those requesting medication through ISDH.
3. Increased data accuracy through the implementation of NBS as well as ELR improvements for NBS.
4. Improvements to the ITARA database to improve data quality and timeliness of health screenings.

The overall success of the project for the TB program will be evaluated by an increase in the number of persons that are reported as well as complete adequate treatment for TB infection. overall success for the refugee health program will be evaluated by an improvement in screening timeliness and overall completeness.

### **National Health Objective: IID-31 Treatment for Latent TB**

#### **State Health Objective(s):**

Between 10/2016 and 09/2017, increase the percentage of contacts to sputum smear-positive tuberculosis cases that complete treatment after being diagnosed with latent tuberculosis infection (LTBI) to 93% for cohort 2016. Of those diagnosed with LTBI and started treatment, 85% for cohort year 2016 will complete treatment.

#### **State Health Objective Status**

Not Met

#### **State Health Objective Outcome**

This objective is not yet met. This data elements are reported out by TB programs two years later. This cohort data will be available by the end of the grant period. The current trend over the last four years shows that we are on track to come within our goals.

#### **Reasons for Success or Barriers/Challenges to Success**

The TB program has been making great progress in improving contact investigation goals. Increased focus in the last two years by TB staff and reviewing contact investigation indicators during monthly cohort case reviews has helped. Continued training with local health departments has also improved the understanding and importance of contact investigations.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The TB program will continue to provide education to local health departments on contact investigations and continue to analyze and review contact investigations during the cohort case review process.

#### **Leveraged Block Grant Dollars**

No

#### **Description of How Block Grant Dollars Were Leveraged**

N/A

## **OBJECTIVES – ANNUAL ACTIVITIES**

### **Impact/Process Objective 1:**

**Enhancement of the ITARA database**

Between 10/2016 and 09/2017, the contract program developer will develop 2 custom reports for both ISDH as well as the LHDs and clinic users working with the TB/Refugee epidemiologist. Additional enhancements to ITARA that will improve functionality and cross collaboration with the Indiana Family and Social Services Administration (FSSA) will be developed to incorporate an automated Medicaid check for clinic and grant reimbursement purposes.

**Impact/Process Objective Status**

Exceeded

**Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, the contract program developer developed 10 custom reports for both ISDH as well as the LHDs and clinic users working with the TB/Refugee epidemiologist. Additional enhancements to ITARA that will improve functionality and cross collaboration with the Indiana Family and Social Services Administration (FSSA) will be developed to incorporate an automated Medicaid check for clinic and grant reimbursement purposes.

**Reasons for Success or Barriers/Challenges to Success**

The ISDH IT developer worked closely with the Refugee Health Coordinator (RHC) and the TB/Refugee epidemiologist during the development phase of the custom reports. Based on feedback from LHDs, the RHC was able to give the developer the key data fields and expectations for all reports that were requested. Once the developer completed the reports, the epidemiologist was able to analyze the reports to determine their accuracy. All feedback and errors were corrected by the developer.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The custom reports were well thought out in advance of their development. The TB epidemiologist and IT developer worked in conjunction to streamline the process and ensure accuracy of the reports.

**Activity 1:****Develop ITARA reports**

Between 10/2016 and 09/2017, the IT programmer will develop custom reports to include number of arrivals, time to initial screening, time to completion of screening, missing screenings, monthly reports, and screening outcome reports to send to ORR three times per year.

**Activity Status**

Completed

**Activity Outcome**

The ISDH IT programmer was able to complete all reports requested by the RHC. There were two custom reports completed for the RHC to streamline the reporting process to ORR. In addition, the IT programmer also developed the ability to download a complete data dump from the ITARA database so that the epidemiologist can complete data analysis on an as needed basis.

**Reasons for Success or Barriers/Challenges to Success**

Complete planning and expertise from the IT programmer were essential in completing this task. There was a single IT programmer who was responsible for developing the database from the ground up. The same programmer funded by this grant was also responsible for building the custom reports. This ensured continuity from database development through the report building.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

The continuity from the IT programmer was essential in planning the database build all the way through report building.

**Activity 2:****Develop enhance Medicaid check**

Between 10/2016 and 09/2017, the IT programmer will develop an automated system within ITARA that will check for Medicaid status for refugees within the system. This information will then be shared with FSSA to ensure reimbursements are conducted appropriately.

**Activity Status**

Not Completed

**Activity Outcome**

This process was started; however, it was decided that a new process be put in place with FSSA to ensure this step was taken. A report was built to provide FSSA with complete data for a specified time period, but FSSA will be developing a query on their database to do the Medicaid check.

**Reasons for Success or Barriers/Challenges to Success**

A change in scope of the project took place and was determined that the refugee health program needed to only supply a simple report to send to FSSA and they would assume the responsibility for checking Medicaid.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

See above

**Impact/Process Objective 2:**

**Implementation of NBS**

Between 10/2016 and 09/2017, Contract program developer--Aatif Munshi; TB epidemiologist--Kelly White; chief nurse--Midia Fulano; regional nurses--Wendi Hollowell, Sandi Morse, and Jill Brock will conduct 1 ongoing implementation and training for NBS. NBS is planned to be implemented prior to October 2017; however, ongoing training with LHDs and community providers will be needed. In coordination with the LHDs, the regional nurses will also be providing outreach and training to community providers on evaluating and reporting LTBI patients.

**Impact/Process Objective Status**

Not Started

**Impact/Process Objective Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Due to multiple reasons outside of the scope of work of the TB program, the implementation on NBS has been delayed until January of 2019. Due to this, no trainings have been planned to date.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Not yet started due to unforeseen delays in the implementation of NBS.

**Activity 1:**

**Analyze 2015-2016 LTBI data for the entire state**

Between 10/2016 and 09/2017, the TB/Refugee Epidemiologist will develop a baseline for LTBI data in the state. The baseline data will be used to compare to national LTBI prevalence estimates.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

No barriers or successes to date.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Even though this activity has not yet been started, the TB epidemiologist will be conducting this analysis before the end of the project period.

**Activity 2:****Develop and/or implement functionality in NBS to improve medication management**

Between 10/2016 and 09/2017, the IT programmer will work with the TB/Refugee Epidemiologist, and OTC to develop and learn best practices for LHDs and the TB regional nurses to utilize NBS in ordering their prescription TB and LTBI medications through the contracted pharmacy.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

As mentioned above, the implementation of NBS has been delayed until January 2019. Due to this delay this affects the step in which we train and develop new medication management utilizing NBS.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Not applicable as this activity has not been started.

**Activity 3:****Provide training and outreach to reporting organizations and LHDs on TB reporting**

Between 10/2016 and 09/2017, the regional nurses in coordination with the LHDs will provide outreach to reporting entities to ensure that they are reporting LTBI cases appropriately and also providing as much clinical evaluation as possible before being transferred to the care of LHDs. The IT developer will work with OTC to ensure that ELR and reporting data are coming into NBS effectively

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

No barriers or challenges foreseen as the implementation of NBS has been delayed.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Not applicable as this activity has not been started.

**Activity 4:****Identify providers/clinics through the state that can assist in evaluation**

Between 10/2016 and 09/2017, the IT developer will work with OTC to ensure that ELR data and case data are being reported effectively in NBS. The regional nurses will work with LHDs to identify resources in the community to establish community partnerships to assist in the evaluation of LTBI cases.

**Activity Status**

Not Started

**Activity Outcome**

N/A

**Reasons for Success or Barriers/Challenges to Success**

Not applicable as this activity has not been started due to delays in NBS.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Not applicable as this activity has not been started due to delays in NBS.

**State Program Title: Water Fluoridation Program****State Program Strategy:**

**Goal:** Between October 2017 and September 2018, the goal of the Water Fluoridation Program is to promote water fluoridation and monitor water fluoridation systems across the state to assure that the majority of the population of the state of Indiana continue to receive the benefits of water fluoridation

**Program Priorities:**

> Inspect water fluoridation systems in communities and schools across the state to ensure they maintain optimum fluoride levels.

> Educate mayors, town councils, water system boards and citizens as to the benefits, cost effectiveness and safety of water fluoridation to prevent the elimination of water fluoridation in communities.

**Primary Strategic Partnerships(s):**

- **Internal:** ISDH Oral Health

- **External:** Indiana Dental Association, Indiana Dept. of Environmental Management Drinking Water Division, Centers for Disease Control and Prevention

**Evaluation Methodology:** The field staff is expected to make at least 220 inspections of water fluoridation systems per year and to respond to any high fluoride levels (2.0ppm or above) within five business days. Field staff is expected to train any new water fluoridation system operators within 10 business days of being notified of the new operator and to retrain existing operators as needed. Field staff is also required to attend at least two professional water treatment operators meetings in order to keep up with water treatment technology and network with water fluoridation operators. The staff is also required to input up to date data into the Water Fluoridation Reporting System (WFRS). The program will evaluate progress through regular reports to the program director.

**National Health Objective: OH-13 Community Water Fluoridation****State Health Objective(s):**

Between 10/2016 and 09/2017, monitor water fluoridation programs in communities and schools on a regular basis.

**State Health Objective Status**

Met

**State Health Objective Outcome**

We continue to monitor all water fluoridation programs in Indiana. During that time period, over 530 surveillance calls and 570 consultations were made at community water systems that fluoridate. We also attended several water professional meetings during that time which allows us to network with water system operators from throughout the state. This often helps us to become informed of, or even prevent a problem with a community water fluoridation system.

**Reasons for Success or Barriers/Challenges to Success**

We are successful because we have a very well trained and professional staff. We have, however, been challenged during this time period because of the loss of one field staff position.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

We have had to spread out the workload among the supervisor and remaining field staff. This means that we are not able to make as many surveillance calls as before.

**Leveraged Block Grant Dollars**

No

**Description of How Block Grant Dollars Were Leveraged**

N/A

## OBJECTIVES – ANNUAL ACTIVITIES

### **Impact/Process Objective 1:**

#### **Maintain Water Systems with Optimal Fluoride Levels**

Between 10/2016 and 09/2017, James Powers will maintain **95%** - the percentage of people in Indiana on public water supplies that have access to fluoridated water.

#### **Impact/Process Objective Status**

Met

#### **Impact/Process Objective Outcome**

Between 10/2016 and 09/2017, James Powers maintained **95%** - the percentage of people in Indiana on public water supplies that have access to fluoridated water.

#### **Reasons for Success or Barriers/Challenges to Success**

The frequent surveillance and consultation have helped maintain this percentage of access to water fluoridation that is much higher in Indiana than overall nationally (76%). The field staff have developed very good working relationships with the water plant operators and are therefore able to work well with them to trouble shoot and prevent problems with community water fluoridation systems.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

The primary threat to this percentage is the elimination of water fluoridation program in communities due to anti-fluoridation activity and budget cuts. Again, the frequent surveillance calls and relationships forged with water plant operators as well as with local dentists, the Indiana Dental Association, local health departments and IDEM often allow us to find out about attempts to eliminate fluoridation systems early enough to work to prevent that from happening.

### **Activity 1:**

#### **Monitor Fluoride Samples**

Between 10/2016 and 09/2017, staff will monitor fluoride samples from all water supplies for optimal levels. Staff will respond when out of range by reviewing, on a weekly basis, the test results from all the fluoride samples sent in to the state lab for that period. When a community's test results indicate that the fluoride level is out of range, the fluoridation field staff schedule a visit or contact the community water plant operator to resolve the issue as soon as possible.

#### **Activity Status**

Completed

#### **Activity Outcome**

The monitoring of fluoridation sample results from the State Lab is an integral part of this program. Without these sample results, it would be much more difficult to accurately assess the fluoridation of communities in Indiana.

#### **Reasons for Success or Barriers/Challenges to Success**

By monitoring the weekly printout we get from the State Lab we are able to detect potential problems and trends with water fluoridation systems and visit the communities often before the water operator is aware of a problem.

#### **Strategies to Achieve Success or Overcome Barriers/Challenges**

Continued testing of water fluoridation samples by the State Lab and our access to that data is essential to the success of the program.

### **Activity 2:**

#### **Consultations with town/city official or waste district board members**

Between 10/2016 and 09/2017, when city/town officials or a water district board is considering the

discontinuation of fluoridation, staff will meet with them to discuss the public health benefits of continuing. Staff will also recruit local dentists in the area to help.

**Activity Status**

Completed

**Activity Outcome**

This is an ongoing effort that will, no doubt, always be part of this program. During this time period we were very successful in preventing communities from discontinuing water fluoridation.

**Reasons for Success or Barriers/Challenges to Success**

Frequent contact with water operators, council/board members, dentists, and health departments in towns considering the discontinuation of water fluoridation helped keep some communities in the program.

**Strategies to Achieve Success or Overcome Barriers/Challenges**

Our primary strategy has been to provide education materials to town councils/boards, attend meetings if necessary and work with the local dentists, health departments and the Indiana Dental Association. Strong local support is essential. This has been very successful overall, but must be maintained if fluoridation is to be preserved at the present level. In the time period in question, we sent out approximately 50 information packets to town councils/boards, local dentists and health departments as well as private citizens. These packets are constantly reviewed, updated and customized to the situation.